VS A1S (4) ISM 9/SS

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08240

CERTIFICATE OF DEATH

08222

Reg. Dist. No.

1,	PLACE OF DEATH COUNTY Baltimo	ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland										
1	b. CITY OR TOWN (IF	autside corporate lim	its, write	c. LENGTH OF	TAY IN 16	c. CITY	Total Page Page	a de	orota limits, write	RURAL and	give near	rest town	1
	Fort How	ard. Maryl	and	3 da	ys		Baltimo	ore	3	VOI-	M		4
	d. NAME OF HOSPITA	AL (If not in hospital, (give street	oddress)		d. STRE	ET ADDRESS			1111		. IS RESI	IDENCE FARM?
		s Administ.			al		2732 W	Fair	mount Av	enue			NO X
3.	NAME OF DECEASED	Fi	rs)	M	iddle		lost	4. DATE	Mi	onth	Day	, 1	feor
	(Type or print)	JAM	ES	(NMI) -	ALEX	ANDER	DEATH	Au	gust	1	1 1	19 57
5.	SEX	6. COLOR OR RACE	7. MAR	RIED X NEVER M	ARRIED 🔲	B. DATE OF	HRTH		9. AGE (In year lost birthdoy)	IF UNDE	RIYEAR		
	Male	Negro	WIDOW	ED DIVE	DRCED 🔲	May 1	2, 1900	0	57 yr		Doys	Hours	Min.
10	during most of work	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINE	SS OR INDL				country)	12. C	TIZEN O	F WHAT	COUNTRY
ш	Truck Dr		"	Construc	tion	1	ampa. I	Florid	a		U.S.	A.	
13.	FATHER'S NAME						ER'S MAIDEN						
	WHI THE	Alexander				Fan	nie The	omas					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFORMANT		OFFECE	Ac	ldress		-	
(A)	ri, no, or unknown) (I	If yes, give wor or dotes of t		134-03-91	07 6	lin Roo	ande T	7ot A	dm. Hospi	+07 E	4 H	08/19/23	d. Md.
=		TH [Enter only one co				FTHFIRE	OT US	V G G A	rder mont	Very 91	-	RVAL BE	
		H WAS CAUSED BY									ONS	ET AND	DEATH
П	IMMEDIATE CAUSE (c) PULMONARY EMBOLISM & INFARCTION, THROMBOSTS OF UNKNOWN												
	420.0 OUE TO LEFT & RIGHT AURICLES												
	Conditions, if any, which) (b) ARTERIOSCLEROTIC HEART DISEASE UNKNOWN												
	gove rise to in couse (o), slating t				200220	1. 2.00mg (s. 4 m)	214111	-					
	lying cause last.	1	:)										
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										AUTOPSY RMED?		
S												YES 📜	NO 🗆
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	SCRIBE HOW INJU	RY OCCURRI	ED. (Enter natu	re of injury in	Port I or Po	rt II of item 18.)				
SAL SAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d.	INJURY OCCURRED	20e. Pl	LACE OF INJU	RY (Home, for	n. 20f. (Cit	y or town)		(County)		(Stote)
MEDICAL	Hour a.m.	19	White of wo] fo	octory, street, o	ffice bldg., etc	c.)			(//		()
	21. I certify the	atVAntended the	decea	sed fram, Aug	ust 8	, 195	7_, to_A	ugust	11 19_5	7. Hebt	destes	xoditec	sbereese
	SIXX XXXXXXXXX	363636363	X-X-X-	end i	hat deat	h accurred	at 6-10	P.M. fra	m the causes	and an	the dat	e state	d abave.
	A.C. C.	1/1.01	4					ADDRESS (S	itreet, city or tow	n, slate)			TE SIGNED
	ACTUAL	wen 1	15	10	1	M.D							
				Jour	3	a 177- 60° a - do do do d	. M. der with date date date date date of						
	PHYSICIAN'S NAME (Type) C	HIEN WEI I	AN,	M. D.		- 15- C 14-4, 1	VAH.	FORT I	HOWARD, 1	D,		8/	12/57
22	REMOVAL (Specify)	A / 15	S	22c. NAME OF	CEMETERY C		_ ~		Baltimo		d.	(State	e)
23	Burrial FUNERAL DIRECTOR'S	SIGHTATURE	1	ADDRESS	CANDENIA.	0		DAY REGIS		SISTRAR'S S	_	B/	,
-		000	P	1 61	IW. K	Sarra	2 4	3/10/-	2 1		4	1	1
1	Man	asu	1/100	L 061	00.1	- 4	DATE	1/4/3	/ War	voon	OXT	10	stery

BUREAU V. S.

/NG 50 1025

certificate

HOSPITAL

BUREAU V. S.

400 80 1057

BECEIVEL

08242

08231

	0 0 10 210		CERTII	FICATI	E OF DEATH			Reg. Di	st. No.		
PLACE OF DEATH o. COUNTY	Baltimore		MARY		o. STATE Mary	ore decessed	d lived. If institution b, COUNTY			e odmission Geo.	_
b. CITY OR TOWN RURAL and give Catensvi	-	its, write	c. LENGTH OF STAY I	IN IP	District				give near	est fown)	
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospitol, IN STATE		oddress)		d. STREET ADDRESS					ON A F	ARM?
NAME OF DECEASED (Type or print)		rşl	Middle Bernade	tte	lon Barbeau	4. DATE OF DEATH	August	olh	Day 2°	Ye.	
female	6. COLOR OR RACE	7. MARRI WIDOWE	IED NEVER MARRIE	_	July 16.	1908	9. AGE (In years last birthday) 49 yrs.	Months Months	Doys Doys	F UNDER Hours	24 HRS. Min.
no. USUAL OCCUPA during most of w housewif	TION (Give kind of work orking life, even if retired	done 105. I	KIND OF BUSINESS OF	R INDUSTRY		or foreign co			I. S.	A.	OUNTR
3. FATHER'S NAME Thomas	Cannon				4. MOTHER'S MAIDEN 1 Susan M						
S. WAS DECEASED E	VER IN U. S. ARMED FOR	Innivent	social security no. Inknown		RMANT ords: SPRI	NG GR	OVE STA	TE H	OSPI	TAL	
IB. CAUSE OF E	PEATH [Enter only one or BEATH WAS CAUSED BY:	ouse per lin		0/1/3	rlosis d	77 le	wer .		ONSI	T AND D	EATH
IB. CAUSE OF E	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ony, which immediate g the under-	ouse per lin		oen	rlosis d	z l	iver		ONSI	EVAL BETV T AND D	EATH
18. CAUSE OF E PART I. C Conditions, if gove rise to couse (o), stolin lying couse los	DUE TO ony, which immediate githe under- int. OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH	ouse per Hinds	for (a), (b), and (c). Profile (ATH BUT NO	T RELATED TO THE TERM			VEN IN PAR	ONSI	T AND D	EATH AT TOPSY AED?
18. CAUSE OF E PART I. C Conditions, if gave rise to couse (o), stolin lying couse los PART II. C 20a. ACCIDENT OR CONTRIBUTIO	DUE TO DUE TO THE TO TH	pouse per I'm po) po) po) po) po) po) po) po	for (a), (b), and (c). Profile (ATH BUT NOT		Port I or Pari	t 11 of item 18.)		ONSI	WAS AU	ITOPSY AED?
18. CAUSE OF E PART I. C PART I. C Conditions, if gave rise to couse (a), stolin lying couse to PART II. C 20a. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOTI E CONTRIBUTION HOUR OF INJ HOUR OF INJ HOUR OF INJ	DUE TO DUE TO THE TO TH	20b. DESC	ONTRIBUTING TO DEA	ATH BUT NO	OF INJURY (Home, form, street, office bldg., etc., 19.57, to	M, from	or town)	,that I and on t stole} HOSF	County) County) County)	WAS AU PERFORM YES 1	ITOPSY AED? NO [

if the funeral director, and should be filed with may be retained by the haspital or attending physician.

TO FUNER. **RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 st. ** We be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

SERTIFICATE OF DEATH

. Sty Daniel Labor Stripps

BUREAU V. A.

AUG 29 1957

BECEINED

0823208243 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE b. COUNTY MARYLAND Marreland ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) ploads MORE Kingsville d. NAME OF HOSPITAL (If not in hospital, give street address) Inside & Cross Ave e. IS RESIDENCE OR INSTITUTION ON A FARM? hours YES | NO P Armacost Nursing Home NAME OF Middle Bathelmes 4. DATE Christine 57Year Aug filled DECEASED (Type or print) DEATH 19 6. COLOR,OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. remale last birthdoy) Months Days Hours Min. Jan 14 1891 WIDOWED T DIVORCED [papers. yes 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) at home Maryland puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kammer Catherine physician jo George certificate move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frdek W Barthelmes 122 Elinor Ave Balto 6 Md affending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cheonie myora Will's with Cardiae decomprisa win ā 15443 DUE TO þ permit. Conditions, if any, which martingalancia andiovoscriar disease gned gave rise to immediate DUE TO Quita, interior a Therosclerosis with Hyporpiesis couse (o), stoting the underoug (c) Dia be To Swith compains Reliant Hemorrhyen Careinoma - Huckeas een si lying couse lost, 2 **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Dorsum H. toot, Beginning gaugnere Lt. YES NO TH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INCLURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate S 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) (State) foctory, street, office bldg., etc.) Q. FL. While Not while of work of work O. m. 21. I certify that I attended the deceased from LIGHALD 1957, that I last saw the deceased A.M. fram the causes and an the date stated above. and that death accurred at_1 RECTOR be deto ADDRESS (Street, city or town, state) ACTUAL SIGNATURE. FUNER oge 3: 220. SURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod (Stote) may REMOVAL (Specify) Baltimore Co Oak Lawn Cemeterv 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAT 946. REGISTRAT'S SIGNATURE VS A15 (4) Warich Funeral Home 4210 Belair Road

death;

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. R.

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MAR SHOWN AS

08244

CERTIFICATE OF DEATH

18 (18233 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	b. COUN	otion: Residence before admission) (Y							
	b. CITY OR TOWN (If outside corporate limits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	RURAL and give nearest town)								
	Fort Howard, Md.	148 days	Baltim	ore 3	101-4							
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street oddress}	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
2	Veterans Administr	ration Hospital	1915 Oa	khill Avenue	YES NO							
	3. NAME OF First DECEASED	Middle	Last	4. DATE M	onth Day Year							
		MES C.	BARTLETT		gust 31 1957							
	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday								
	Male White w	IDOWED DIVORCED 🔣	11/18/94	62 yr								
,	100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
E	Laborer	Rubber Company	Charlot	tsville. Va.	U.S.A.							
V	13. FATHER'S NAME		14. MOTHER'S MAIDEN									
	John Bartlett		Virginia	Hoover								
,	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) 11 yes, give wor or dotte of service	e)	NFORMANT		ldre ss							
	Yes WW I	274-05-8406:	Clin.Records.	Vet.Adm. Hosp.	, Ft. Howard, Md.							
	IB. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).] PULMONARY INFARC	T MULTIPLE		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN							
	42// DUE TO AURICULAR THROMBOSIS, BILATERAL UNKNOWN											
	Conditions, if any, which) Brown t.	. AORTIC STENOSTS			JIN KNOWN							
	gove rise to immediate couse (a), stating the under											
	lying couse last. (c)											
2	PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER)	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION C	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
		b. DESCRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in	Port I or Port II of item 18.]								
	Hour a.m.	20d. INJURY OCCURRED 20e. PL While Not while fo	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (Stole)							
	21. I certify that attended the de	eceased fram April 5.	19.57 , to Au	gust 31. 195	7_36600000000000000000000000000000000000							
	ACTUAL SIGNATURE		accurred at2:30		and an the date stated above. n, state) DATE SIGNED							
	PHYSICIAN'S CHIEN WEI LAN	1	M.D. VAH, FO	RT HOWARD, MA	RYLAND 9-1-57							
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9/11/57	22c. NAME OF CEMETERY O		22d. LOCATION (City, fown	(2000)							
	23. FUNERAL DIRECTOR'S SIGNATURE WM J. TTCKNER & SONS	ADDRESS North & Peni			GISTRAR'S SIGNATURE							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitot ar attending physician.

TO FUNER PRINCETOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3: A be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 as 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours, after death. VS A1S (4) 1SM 9/SS

CENTIFICATE OF DEATH

- A VII-1 WATE- TO STORE AND ADDRESS.

Calleton Street of Charleton

BUREAU V. E.

SEP ← 1957

BECENTED

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•	C8245 CERTIFICATE OF DEATH
4 SE	Reg. Dist. No.
Page director	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND
/ ABS /	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d be	RURAL and give nearest town]
the fun de fun d	d. NAME OF HOSPITAL (If not in hospital, give street address)
£ 1	OR INSTITUTION Hoskins Road YES NO THE NOTATION ON A FARM? YES NO THE
P O	3. NAME OF First Middle Last 4V DATE Month Day Year
n 24 fille ges 1	(Type or print) Salvatore Battaglia DEATH 8- 30 1957
Po Po	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
nple sers.	ATT MILLER MIDOMED 1-23-1861 8 / yn.
ecul pap pap	during most of working life, even if refired)
المراقة والمراقة	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicion re cate	al Battage
tific shysi hour	15. (W.S. DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
ing ing 72	none John J. Battaglio 405 Hopkins Road
death tend pleas ithin	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]
ne o	IMMEDIATE CAUSE (a) Arterio sclerotic cardio vascular disease
y th	4 d d DUE TO
a jagin a sa s	Canditions, if any, which gave rise to immediate DUE TO
equi sign in po	cose (a), stating the <u>under-</u> lying couse last.
sicio rans l, ar	
phy phy phy iaf-t iaf-t	PERFORMED? YES [] NO []
ding ding ate b a bu r ren	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINED
or the or	
or o or	Hour a.m. While factory, street, affice bldg., etc.)
oren this	
After hed right.	21. I certify that I attended the deceased from January 15, 19 51, to August 30, 1957, that I last saw the deceased
the OR:	olive on August 30 12.57, and that death occurred at 12:30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 8/30/570 ATE SIGNED
or de	SIGNATURE (help V. Affan Mo. 11 East. Chase Street, Baltimore 2, Md.
gine	
SET OF SE	NAME (Type) Philip D. Flynty, M.D.
Se 3 co	220 BUR.AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
2 5 6 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 200 REC'D BY REGISTRAR 246. REGISTRARS SIGNATURE
VS A1S (4)	23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS ADDR
1 mm 4/33	The state of the s

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CERTIFICATE OF DEATH

08235

00610				Reg. Dist. No.
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a STATE	ere deceased lived. If institution b. COUNTY	· Residence before admission)
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RU Baltimore	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st or INSTITUTION Shady Nook Nu	rect address) ursing Home	d STREET ADDRESS	ederick Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Bertha	Middle C .	lost Beard	4. DATE Month OF DEATH AUGUS	
	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 28.137	9. AGE (In years lost birthday)	F UNDER TYEAR IF UNDER 24 HRS. Manths Days Hours Min.
No. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote of Md	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Edward Tayl	.or	Fann	ie Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet, no, or unknown) IIO III per, give wer or date of sernce)		rs. Fan ie	rowning 3529	
Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse last.	under a series de la constante	of January 1		10 mos
PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 1B)	
A Hour a. p. W	d INJURY OCCURRED 20e. PL hile Not while work of work	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decadive on Decays 16, 1 ACTUAL SIGNATURE TO THE STATE OF THE			My fram the causes an DORESS (Street, city or town, st	that I last saw the deceased an the date stated above the state of the
PHYSICIAN'S C. ARTHUR S	ROSSBERG 1	ND BALTIM		MARYLAND
20. BURIAL, CREMATION, REMOVAL (Specify) 8-27-57		Cem.	22d. LOCATION (City, town, or Woodlawn	
23. FUNERAL DIRECTOR'S SIGNATURE Farley Funeral Home	ADDRESS Catonsville		BY REGISTRAR 246. REGIST	RAR'S SIGNATURE
		/1//	M. A. M. A. L. III W. R.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the haspital or attending physicion.

TO FUNERA PLAECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 styles be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

the funeral director, should be filed with

DECENTED

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. JEVN N. Z

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0823608247 CERTIFICATE OF DEATH Rea. Dist. No. director, filed with ■oge ■ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY V **6 COUNTY** MARYLAND D. b. CITY OR TOWN (if outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0.0 RURAL and give nearest town) ŠÞ THERVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle Last DATE Month Yeor Day DECEASED OF (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min DIVORCED [7] WIDOWED [7] yrs. popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY carbon pape ofter death. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave a IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if ony, which [b] gove rise to immediate **DUE TO** codes (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED [County] (Stote) Not while Hour foctory, street, office bldg., etc.) G. m. While of work p. m. June- 1957, 1010 Auc. 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at S. A. M, fram the causes and an the date stated above. ADDRESS (Street, gity or town, state) DATE SIGNED ACTUAL SIGNATURE MONIUM PHYSICIAN'S NAME (Type) 226. DATE THEREOF 270. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 0 *FUNERAL DIRECTOR'S SIGNATURE* **ADDRESS** 24a. REC'D BY REGISTRAIN 24b. **JEGISTRARIA SIBNIATURE** Y≣ ≣1S (4) 15M 9/115

WEVE IS 1957

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with may be retained by the haspital or attending physician. TO FUNERATEDIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 st., if he detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs gifter death.

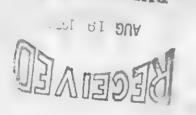
YS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08237

		08248		CERT	IFICA	TE OF D	EATH	l		Reg. Dist. I	11921 16.	37
	1. PLACE OF DEATH g. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore						
	b. CITY OR TOWN (IF RURAL and give near Catonsv.	resi (awn)	s, write c	E. LENGTH OF STAY			own (If or latons		e limits, write RL	IRAL and give	nearest fowr	1)
	d. NAME OF HOSP,TA OR INSTITUTION	217 Montr				d STREET A		ntrose	Ave.			FARM?
	3 NAME OF DECEASED (Type or print)	EUGENI		CROLA IS	•	BETT		4. DATE OF DEATH	Mont	Aug.		Year 1957
	5. SEX Female	6. COLOR OR RACE White	7. MARRIEI	_		DATE OF BIRTI		9.	AGE (In years last birthday)	Months Day	AR IF UND	
);	10a. USUAL OCCUPATION		lone 10b, KI	langed .		Y 11. BIRTHPL	Franc	or foreign coun			OF WHAT	
		Henri Crol				14. MOTHER'S	MAIDEN N	?	Hamo			-248
April .	15 WAS DECEASED EVER (Yes. no or unknown) [th	IN U. S. ARMED FOR- t yes, give wor or detec of se	DES? 16. SC	None		Marl S	Bett	s 217	Addre Montrose		Catons	Md. Sville
		mediate (ant	for (a), (b), and (c)	-	netron	apeul	a di	seel.	ļo	NTERVAL BE	DEATH
)	3	ER SIGNIFICANT COŅI	OITIONS CO							N IN PART 1(o	PERFO	AUTOPSY RMED? NO
				IBE HOW INJURY O								
	20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Yea	While	URY OCCURRED Not white of work	20e. PLACI factor	E OF INJURY () ry, street, affice	lome, form, bldg., etc.)	20f. (City or	fown)	(Coun	(עו	(Stote)
	21. I certify the alive on	at 1 attended the	deceased _, 12.5	_ /		ccurred at.	900 A	.M, fram t	he causes are to city or town, s	nd an the a	date state	
	PHYSICIAN'S NAME (Type)	OHN A.N	ESB1	TTJR		6	etu	~e	2, hr	uglan	J	
	220. BURIAL, CREMATION REMOVAL (Specify) Partial	8/16/19		22c. NAME OF CEM Arlingto					ton, Va		(Stote	e)
	23. FUNERAL DIRECTOR'S	SIGNATURE)	ADDRESS Catonsv	ille 2	28, Md.		BY REGISTRA		RAR'S SIGNA	TURE	

BUREAU V. E.



hours

certificate

HOSPITAL

O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



70G 30 1957

BUREAU V. S.

the registrar within 72 hours after death. After this in by the funeral director, the third coay of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08239

CERTIFICATE OF DEATH

08250

Reg. Dist. No. 35

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED
COUNTY Baltimore	MARYLAND	STATE Marylan	nd COUNTY B	altimore
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If oulside corporat	e limits, write RURAL and give	e nearest town)
TOWN Reisterstown	(in this place)	Town Reiste	erstown	
HOSPITAL OR	5 yrs	STREET	(it rural give local	lion)
INSTITUTION OR 1 21 34 5 Ch	anot	ADDRESS	in Street	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Bertha	Elizabeth	Bowersox	DEATH AUG	9 1957
5. SEX 6. COLOR OR 7. SINGLE, A		OF BIRTH 9.	AGE lest birthday IF U	NDER 1 YEAR IF UNDER 24 HR
RACE WIDOWEI (Specify)	Nove	mber 21 1880	76 yrs. Mont	ths Days Hours Min.
	. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even H	OR INDUSTRY		,	COUNTRY?
retired) Housewife	-	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Benjamin L Waltz		Julia Penr	ington Din	gle
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADI	ington Din	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	176-26-0665	Mrs Edno h	Wolfe Rei	atameters Ma
NO	18. MEDICAL CI		I HOTTE THET	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE		71		ONSET AND DEATH
IMMEDIATE CAUSE (A)	Chrance 1 0	Kemilosaca		5 munit
ANTECEDENT CAUSE(S) DUE TO	1 -4/3	C/ A -1 .	/	
DISEASES OR CONDITIONS, IF ANY, (B)	Consestable	Heart Paul	ure-Cheon	v. Julear
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)	V			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDS	NGS OF OPERATION			20. AUTOPSY?
		-		YES NO
OR CONTRIBUTING [CAUSE OF DEATH OF INJURY #1	(Home, Jerm, fectory, rest, office bldg., etc.)	21c, WHERE DID INJURY OCCUR?	(Cily or town)	(County) (Slate)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
	While Not while	ZII. HOW DID HOOK! OCCOR!		
	at work L	5/- /	1 50	
22. I hereby certify that I attended the c				at I last saw the decease
plive on 449 9 195 7	and that death occurred			
A SIGNATURE DO NOCA 1	. 11	ADDRE	SS (Street, diy, town, state	DATE SIGNE
Careau Zell Willes	must M.D.	Keinelista	un ! Illen!	and aug 10/9.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION City, town for ex	ounly) (State)
Burial Aug 13 1	OFT Time Com	le Comodiani	Uniontown	Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE TOO Cree	25. FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS
	Q 51.			istwrstown M
MTE X - 12-57 Mare	Ta ? !!!!	MA HAMBURA	en 42 Tra . 10.	TOCALSCOMU :

BUREAU V. S.

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BECEINED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a COUNTY Baltimore Maryland b COUNTY MARYLAND Health b CITY OR TOWN I flouts de corporate limits, write EURAL C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give negrest town) Catonsville 9yrlmth3dys Raltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM 3216 Foster Avenue SPRING GROV STATE HOSFITAL YES NO . 3 NAME OF Facat Middle DATE Month DECEASED OF DEATH (Type or print) Martin Brandt. UGUS 19 6 COLOR OR RACE 7- MARRIED NEVER MARRIED 8. DATE OF BIRTH P AGE (In years 5. SEX IF UNDER TYEAR JE UNDER 24 HPS Months | Days Hours WIDOWED T male white DIVORCED [7] Jan. 17. 1890 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U. S. A. sea food dealer Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Brandt Margaret Fuchs 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address unknown Records: CROVE STATE HOSFITAL unknown SPRING 18. CAUSE OF DEATH Enter only one cause per line for (a), (b) one NEER TAL BETWITTIN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **BUF TO** Conditions, if ony, which) gove rise to immediate cause DUE TO (o), stoling the underlying couse lost. ATED TO THE TERMINAL DISEASE OND TION GIVEN IN PART 1(0) 19. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Polity or Port II of item 18) ing out of bed on 6-12-57 sustainging a sub-20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING of the laft 20e PLACE OF INJURY (Home, form, 20f (City or town) Month, Day, Year (State) Not while fectory, street, office bldg., etc.) While Not while at work of work 5:00 perce Catopsville 28. Maryland hospital 21. I certify that I took charge of the remains described above, held an Autopsy I inspection [7]. Inquiry [7] opin on death resulted from. Natural causes . Accident . Suicide . Hamicide . Undetermined manner . DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** George M. Klaffer, M. D. NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL CREMATION | 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or coul 240 REC'D BY REGISTRAR SEP 3 HEART CEM 0 CONKLING ST. A15ME 5M 2/57

BUREAU V. E.

DECENALL

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U8241
		(8252 CERTIFICATE OF DEATH Reg. Dist. No. 30
director, and with	1	PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Baltimore
id be fa		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Parkville C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Parkville
the 1		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2519 Hillgard Drive on a FARM? YES NO
illed i	3	NAME OF First Middle Lost 4. DATE Month Doy Year OF OF OF DEATH August 23rd 1957
d within idelety fi	3	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Sept 23, 1906 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Min Sept 23, 1906
executed company of paper death.	1	DOUSTIAL OCCUPATION (Give kind of work done during, most of working life, even if relired) Housewaxe Ohio 12. CITIZEN OF WHAT COUNTRY
reion and reion and reion and reion	1	H. nry Phyles Alice Bailey
ing physician re-removates of 72 hours of		5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Doiores Lentz, 2519 Higora Driv
attendii vithin	Ī	18 CAUSE OF DEATH [Enter only one couse per line for (o)? (b), ond (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) ESCRETARIO (C).
that the by the it. There y event		180x DUE TO Meadrangent Holog of Franciscoma 145
signed it permi		gove rise to immediate couse (a), storing the under- lying couse last.
physicia as been al-trans aval, or	0	PANT IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The anding I ficate hat the buring or rem		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II of item 18)
PHYSICI il or others certification, we as		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. 19 While Not while at work at wark
DING I hospito After the hed for riot, cre		21 I certify that I attended the deceased from Oct. 10. 19.50, to Current 1-3, 19.7. that I last saw the deceased alive an Current at 5 20 AM, from the causes and an the date stated above.
ATTEN by the ECTOR: e detace or to bu		ACTUAL SIGNATURE OLD SE PART NO. 6201 YOR'S ROAD 0/23/5
TAL OR		PHYSICIAN'S (haries E. Carr, Jl.
MOSPI moy be a Poge 3 s the regist		220 BURIAL, CREMATION, 226. DATE THEREOF (Stole) REMOVAL (Specify) BURIAL (Specify) 8/26/57 Moreland Mem Park Baltimore, Maryland
2 E 2 C E		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harrord Road #14 DATE 1 G 27 9 The Comments of the Comments o
15M 9/5\$	E	The state of the s

BUREAU V. S.

2001 4. DNA

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 98253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) a. COUNTY a STATE Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN III autside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negresi lown Baltimore 13 Sue Island ad. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Baltimore Yacht Club 3139 Cliftmont Avenue YES NO NAME OF 4. DATE Middle Month Doy Year DECEASED OF August 1957 DEATH (Type or print) 9. AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE MARRIED T NEVER MARRIED [] 8. DATE OF BIRTH kent birthday) Months Dava Hours Mala October 7. 1904 WIDOWED [7] DIVORCED T white VPS. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Raltimore U.S.A. Bethlehem Steel Payroll Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Υощ Anna M. Schuster Edgar Busch Page 5 r 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address IYes, no, or unknown) Mrs. Madeline Busch. 3139 Cliftment Avenue no 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND GEATH cclusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause plang DUE TO (a), stating the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ő PERFORMED'S YES [NO D 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury to Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while g. m. at work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inquiry 10, and find that Inspection X death resulted from: Natural couses XI, Accident | Suicide | Undetermined cause Hamicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 17 NAME (Type farwar FUNT 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole) REMOVAL (Specify) 0 Baltimore, Md. **Morhland** Park Cemetery Buria. 23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME(5) 5M 9/55

130

William Cook, Inc., 1217 St. Paul Street

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

EUREAU V. S.

NECEDARD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH ... 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY filed b. COUNTY MARYLAND 642720 b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURACIONI give pearest fown) aderiood d. NAME OF HOSP TAL (if not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 3. NAME OF Middle DATE DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS B DATE 9. AGE TIN 7. MARRIED NEVER MARRIED years lost birthday) Months DIVORCED on popers. WIDOWED | yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign county) during most 67 working life, even if retired) 2 deplylle 21 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A 15. WAS DECEASED EVER INJU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** any Conditions, if ony, which gove rise to immediate **DUE TO** caese (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, \$ 20f. (City or town) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 0. m While Not white of work of work p. m. 21. I certificated the deceased from/ that I last saw the deceased M, from the causes and an the date stated above. and that death accurred at. ADDRESS (Street, city/or fown, state) ACTUAL SIGNATURE PHYSICIAT NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) REMOVAL (Specify)

eceran O 23. FUNERAL DIRECTOR'S SIGNORINE ADDRESS 24a. REC'D BY REGISTRAR DATE 15M 9/55

24b. REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

- 722-03

WAS AUTOPSY PERFORMED? YES NO E

ASTote)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO IZ

19.5

BILDEAU V. &.

2501 - 2 5.11

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08244208255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Baltimore o. STATE Md. Baltimore **b.** COUNTY MARYLAND b. CITY ORTOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Roval Oak Ave. 2613 Roval Oak Ave. YES | NO 17 NAME OF First Middle Month DECEASED MARY BYRNE 57 (Type or print) DEATH Aug. 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years FUNDER TYPAR IF UNDER 24 HRS. fael birthday) Months Min. 81 ym. WIDOWED 127 female white DIVORCED [7] Feb. 17. 1876 retair My Will 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at home Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William B. Anthony Amelia V. Poole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frank Reed - 522 Equitable Bldg. none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise la immediate couse **DUE TO** (c), sloting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) 20f. (City or town) (Stale) factory, street, office bldg , etc.) White 0 55 Not while et work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry 1 the Chief / Chief death resulted from: Natural causes 12: Accident Suicide . Homicide . Undetermined cause . DATE SIGNED ACTUAL SIGNATURE **EXAMINER'S** FUNER George M. Kieffer NAME (Type) DEPUTY MEDICAL EXAMINER [7] 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 8/5/57 Woodlawn Cem. Woodlawn, Md. 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS PLAZIO. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

DEPUTY

BUREAU V. &

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			MAKYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6.2 8	`	1	08256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (18245)
should I		1.	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) O. STATE AD D. COUNTY BALTIMORE MARYLAND
Poge A		t	CITY OR TOWN (If outside corporate simils, write BURAL on give nearest town) CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)
is necessarion,		6	PAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES NO
unerol di your fi		-1	NAME OF DECEASED Type or print) EAR L First D. CALLICAN DEATH ST. DEATH ST. 19 57
F of F		5. S	6. COLOR OR BACE . MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IF UNDER 17 EAR IF UNDER 24 HRS. par purposers Months Days Hours Min.
ond 3 to the se retoined and 2 with the	I)	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
urs ofter 1, 2, on moy be ss 1 and	1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
24 horas Page 5)	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address
P.M.3.	,		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
ttem II h form nait pe			422, Due to
ould be concil in lang with			Conditions, if any, which (b) (b) gove rise to immediate cause (a), stating the underlying DUE TO
ite sha iin pr fice o os o b		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUILDOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
certifica pending iner's Of be used	0	CERTIFICATION	PERFORMED? YES NO NO PRIMARY or CONTRIBUTING CAUSE WAS OF DEATH. AUSE OF DEATH.
ER: This of word "is a Examinate should b			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20er PLACE OF INJURY (Home, farm, 20f. [City or tawn] [County] (Stote)
MINI g the edic		MEDICAL	Hour a. m. p. m. 19 While Not white foctory, street, office bldg., etc.) 21. I certify that I taak charge of the remains described abave, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry . Inquiry
At EXA			death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
MEDIC ortificols ortificols			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
Cute the ce forword or removol		00	EXAMINER'S M. B. DAVIS MD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
for for PA OF		1	BURIAL, CREMATION, 126. DATE THEREOF ZZC. NAME OF CEMETERY OR CREMATORY Z2d. LOCATION (City, town, or county) (Stole) L P A A D S A D C SIGNATURE ADDRESS L A D S B C D BY REGISTERS SIGNATURE ADDRESS L A D S B C D BY REGISTERS SIGNATURE
VS. A15ME(5) 5M 9/SS	17	43. <	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE ADDRESS ADDRESS ADDRESS ADDRESS DATE DATE ADDRESS

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		08257		CERTIFIC	ATE OF	DEATI	Н		Reg. Dist.	082	16
	CE OF DEATH	Ba	ltimore	MARYLAND	II a. STATE	idence (wi Maryl	_	b. COUNTY	ion Residence	befare adm	istion)
'	RURAL ond give Timon	ilum		17 mos.	c CITY OR		outside corpor Lenwoo	rate limits, write I	RURAL and giv	ve nearest to	wn) /
1	OR INSTITUTION	ITAL (If not in hospital, g tris Hospice	ive street addre	35}	d. STREET	te 96					ESIDENCE A FARM?
DE	ME OF LEASED pe or print)	Julia j		Middle	Carm		4. DATE OF DEATH	Moi Au		Doy 16	Year 1957
5. SEX	F	W	WIDOWED 🖔	NEVER MARRIED [8. DATE OF BIRT	/1877		9. AGE (In years last birthday) yrs.	Manths D	YEAR IF UN Pays Hour	
క	ales Com	ION (Give kind of work orking life, even if retired) PANION		of Business or Inc ired	_	LACE (Stole		punity]		S.	AT COUNTRY
		lobert Dicke	-					Needham			
15. W. (Yes, no	AS DECEASED EV	ER IN U. S. ARMED FOR Iff yes, give war or detec of u	ervice)	-34-6049	INFORMANT Admi	ssion	Recor	ds	iress		
	PART I DE 4443 X Conditions, if gave rise to ouse (a), stating ying couse last	the under-	CERE AYP	ERTENSI	VE CAR	DION		LAR D)ISEASE	-10	D DEATH MANTH
10 10	a. ACCIDENT W	THER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		HOW INJURY OCCUR					VEN IN PART I	PERF	AUTOPSY ORMED? NO (12)
MEDICAL	c. TIME OF INJU Hour a. jr. p. m.	18	While	OCCURRED 20e. Nat while of work	PLACE OF INJURY loctory, street, offic	(Home, form e bldg., etc	n, 20f. (City	or town)	(Co	unty)	(State)
A A I I	TUAL GNATURE	hat I attended the Villeau	deceased fr 125)		19.56 th occurred at	3:0	504, from	reet, city or town,	and on the	st saw the date sta	deceased ted above PATE SIGNED
22o. B R 23. FU	EMOVAL (Specify BUTTA NERAL DIRECTO	1 18-19-57 P'S SIGNATURE	N	NAME OF CEMETERY Lount Oli	vet	24g. REC'		ION (City, town, hingto)		C.	ole)
пе	ary W.	Jenkins &		- Balto.		DATE AL	<u> </u>	7 Qu	-2/11/2	1	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(1824734) Reg. Dist. No. **CERTIFICATE OF DEATH** 08258

1. PLACE OF DEATH COUNTY	altimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		ed lived. If institution Resid b. COUNTY	lence befare ad	dmissian)			
b. CITY OR TOWN (RURAL and give n	If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Tourson	Balta L Ma	I.		Baltimore, Maryland							
d. NAME OF HOSPIT OR INSTITUTION Stella	Maris Hospital, g	CO .	oddress) owson-Balto.4 Marvland	d street Adoress Knights of	Colum	bus-Cathedral treets	& e. IS	RESIDENCE ON A FARM?			
3. NAME OF	Fir		Middle	last	4. DATE	Month	Day	Yeor			
(Type or print)	Willi	am	Valentin	_	OF DEATH		26	19 57			
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH			ER I YEAR IF U	INDER 24 HRS.			
Male	White	WIDOW	DIVORCED	7/10/1870		last birthday) Months	Days Ha	iurs Min.			
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired 1 Position	ione 10b.	KIND OF BUSINESS OR INDUS	Baltimor			U.S.A.	HAT COUNTRY?			
13. FATHER'S NAME				14. MOTHER'S MAIDEN N							
Will	iam Carver			Eliz	abeth	ADMINISTRA Daug	phin				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16		NFORMANT		Address					
(14t, no or unenown)	(ir yes, give war or dams of s	ervice)	Miss	Helen Nottir	ngham	10 E. 33rd.	Street				
Conditions, if o gave rise to i couse (o), stoting lying couse last.	the under:)	Arteriosch	- Heart f enotic Hear	rt D	iseese	Ye	utlisales ers			
PART II. OT	Astenoske	4 .	COLEBROYS	_	NAL DISEAS		PE	AS AUTOPSY ERFORMED?			
PART II. OTH	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in l	Part I or Par	rt II of item 18.)					
Y 20c. TIME OF INJUR Hour o. n. p. m.	Y Month, Day, Yes	While		ACE OF INJURY (Hame, farm tory, street, office bldg., etc.		y or town)	(Caunty)	(State)			
21. I certify that I attended the deceased from any 25, 19.57 to account to 19.57, that I last saw the deceased alive on a 25, 19.57, and that death occurred at 5.50 M, from the causes and on the date stated above. ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNED M.D. 7501 Your Rd. Saffiniary Wed.											
PHYSICIAN'S NAME (Type)			i W. Blide- M.I		fork F	Road, Baltiro	re, Mar	,land			
220. BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETERY OF	4	_	TION (City, town, ar county) ((Stote)			
Burial	<u>B/29/57</u>		Loudon Park	Cemetery	Bal	timore, Md.					
23. FUNERAL DIRECTOR	ears + So	2/8	DDDRESS (Valuer	tst. AUG	D PRESIS	146. REGISTRAR'S	GLANATURE				

OF SOL OF SOL

08248 08235 CERTIFICATE OF DEATH Rep. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. COUNTY b CITY OR TOWN (If oviside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN IIF outside comprote limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1K d NAME OF HOSPITAL (If not improvided, give state) address d STREET ADDRES IS RESIDENCE YES INO IZE MAME OF Méldie DATE Cast Month Year DECEASED DEATH (Type or print) 1905 4. COLOROR RACE MARRIED NEVER MARRIED 8 DIATE OF BIRTH AGE (In years light bigthday) HE UNDER LYEAR IF UNDER 24 HR Months Does DIVORCED | WIDOWED 12 On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country during most of working life, eyen in retired) 12. CITIZEN OF WHAT/FOUNTRY? 13. FATHER'S NAME offer LESTADTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFCRMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate ě. DUE TO codse (o), stoling the underlying couse lost. 2-1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 15. 1957, that I last saw the deceased and that death occurred at Co. Miffram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE NAME (Type) 220. BURIAL CREMATION 225. DATE THEREOF 2217 NAME OF CHMETERY OR CREMATORY 22d. LOGATION (City, Jown, or county) (Stote) REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08259 CERTIFICATE OF DEATH Rea Dist No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) D X ~ Stevenson Pikesville VIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 00 ON A FARM? YES NOT Halevon Road 3. NAME OF Middle Lost 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) Nettie Cockey August 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours DIVORCED | WIDOWED T Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) lousewife Marvland II.S.A. own home FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doshia Chalk Charles Parks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Stevenson. one Mr. Elmer F Cockey Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN CONGESTIVE PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE (o) **DUE TO** BRONCHOPNEUMONIA DIFFUSE Conditions, if any, which) gove rise to immediate DUF TO cottse (a), stating the under-RTERIOSCLEROTIC lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PARKIN SON ISM NOT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day. Yeor 20d. INJURY OCCURRED (County) [State) Hour e.m. factory, street, office bldg., etc.) While Not while at work of work p. m. 1957, that I last saw the deceased 21. I certify that Lattended the deceased from. , and that death accurred at 10:25 alive an_ M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 331 REISTERSTOWN SIGNATURE PIKESVILLE PHYSICIAN'S Scalia. NAME [Type] 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY Poplar Grove Cemetery Cockevsville, Maryland 0 23. FULLERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 245. REC'D BY REGISTRAR 15M 9/55

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Items CERTIFICATE OF DEATH 08227 Reg. Dist. No. be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write # TENGTH OF STAY IN 15 c. CITY-OR-TOWN (If outside corporate limits, write RURA), and give negres) town) RURAL and give negrest town) PIG d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NOT DOUL NAME OF Middle 4. DATE lest Month Year Dow filled DECEASED OF DEATH (Type or print) 10 within 5. SEX 6. COLOR OR RACE 9. AGE In years HE UNDER I YEAR IF UNDER 24 HRS 7. MARRIED | NEVER MARRIED | B DATE OF BIRTH completely last birthday) Months Davs Hours Min DIVORCED IT WIDOWED D YF1. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) o puo corbon ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknown IInknown DOYe. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Aridrass CAUSE OF DEATH [Enter only one cause per line sec (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 420. DUE TO ģ Ė dny Conditions, if any, which Bued gove rise to immediate ě DUE TO couse (a), stating the underpuo lying cause last. **burial-transit** CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179 WAS AUTOPSY PERFORMED? YES 🗔 NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) os the WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur e. ft. While Not while ot work 17 at wark p. m. 21. I certify that attended the deceased from oched Lithat I last saw the deceased that death occurred at_/_/___ alive on M, from the causes and an the date stated above. CTOR ADDRESS (Street, city/or town, state)-DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER, 220 BURIAL CREMATION, ERMOYAV (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ADCATION (City, town, or county) abod (Stole) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 146. REGISTRABLS SIGNATURE V\$ A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SUREAU V. S.

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08260 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY **b. COUNTY** MARYLAND BATATIMORE MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BALTIMORE FORT HOWARD d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2818 GANLEY DRIVE VENERANS ADMINISTRATION HOSPITAL YES NO IX NAME OF First 4. DATE Middle Lost Month Doy DECEASED OF DEATH THOMAS COLE AUGUST 30 (Type or print) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years Months Days Hours DIVORCED [7] MATER WIDOWED [popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESSIDE INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eoth. during most of working life, even if retired) Ballemore MARYLAND STREET CLEANER BALTIMORE CO.. U.S.A. puo corbon Ď 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH COLE DITZABUTH hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W-1 CLIN. REC., VET. ADM. HOSP., FT. HOWARD, 11045 UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) OPPERATIVE STATUS-ILEO-TRANSVERSE COLOSTOMY MONTHS DUE TO REGIONAL ILETTIS that UNKNOWN Conditions, if any, which (b) gave rise to immediate ped DUE TO cause (a), stating the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? CAT DEHISCENCE OF ABDOMINAL WOUND - 6-6-57 YES NO N 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not while al work or work 21. I certify that Vattended the deceased from May 28... check access and on the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE VAH. FORT HOWARD, MARYLAND LAWRENCE FLEISHER NAME (Type) FORT HOWARD, MARYL FUNER 270 BURIAL CREMATION. 22b. DATE THEREO! 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) BURTAT BATATMORE MARYTAND Ò 23. FUNERAL DIRECTOR'S MENATURE ADDRESS 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS A15 (4)

BALTIMORE.

POPPLETON STS..

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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director,	1. PLACE OF DEATH O. COUNTY Barren 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of County Barren) MARYLAND Agryland Agryland	co before admission)
M de	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest lawn) 1914-nexe Tweeks 1 day Paltimore	give nearest town)
shau	d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS, OR INSTITUTION NUTS IN A HOMP, Showcad & Register 1547 Kings way Rd	e IS RESIDENCE ON A FARM? YES NO 19
24 hau lled in	3 NAME OF DECEASED (Type or print) A DATE Month OF DECEASED (Type or print) A DATE Month OF DEATH ALCO	Day Year 29 1957
within letely fi s. Page	S SEX 6. COLOR'OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRPH 9 AGE (In your lost birthday) Magillas Mag	1 YEAR IF UNDER 24 HRS Days Hours Min
d comp d comp death.		IZEN OF WHAT COUNTRY?
icion and ricion and safety de car	13. FATHER'S NAME GOOGE W. Combs 14 MOTHER'S MAIDEN NAME Martha Fon Or Combs	25
ng physician e remoys Cal	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no or spiknown) If you, give wor or date of services 217-228612 - 2016 1 Course 1 Course 1 Security No. 17. INFORMANT	pr moto 12 W
ottendir ottendir within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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signed repermit	gove rise to immediate couse (a), sloting the under-lying couse lost.	J
ohysicia s been ol-trons	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO D
AN: The anding grant icate has buring or remo	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	III III NO ES
HYSICI or other is certifuse as the motion,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of W	County) (State)
bospita Affer th ned for itol, cre	21. I certify, that I attended the deceased from Man. 1901, to Que, 27, 1957, that I	last saw the deceased
R ATTEN d by the (ECTOR: be detacl ar to but	alive on ADDRESS (Street, city or town, store)	ne date stated abave. DATE SIGNED
AL OR	PHYSICIAN'S DONALD W. MINOZER BALTIMORE 14 M	4 30101
Mospila May be r FUNER page 3 si the regist	120, BURIAL, CREMATION, 226 DATE THEREOE 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town or country) 12 ST A Y LOR A Y LE	(Stote)
P P P P P	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIC FED H- LEIM BACH 525 LYNDHURST STOPPARE 3 1057 Male	GNATURE
15M 9/55	Janes	pray.

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TO MEPUTY MIDICAL EMEMINIER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute the Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral disactor. Page 4 should be	rward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fi	DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrary for to burial, crematian,	
TO MEPUTY MIDICAL EMEMINIES, This	cute the certificate, writing the word	farward to the Chief Medical Exam	TO FUNE DIRECTOR: Page 3 should	ar remayal.

		0826	3 WE	DICA	LEXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Rea. Dis	U C	41
	, [LACE OF DEATH				***************************************	2. USUAL RESIDENCE (Where decem	ed lived. If Institu			re odmission)
		. COUNTY	BALTIMORI	Ç.	MARY	LAND	TTATE	/d	b. COUNT		ALTO	
-	b	. CITY OR TOWN III	autide corporate limits, write	-	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside cor	parate limits, write	RURAL and	give ne	arest town)
		RURAL BA	LTIMORE	6	LIFE		X RURAL	L BA	LTIMORE			
-00	d	1 -	AL OR INSTITUTION (sital, give street address	1)	d. STREET ADDRESS					ON A FARA
***		4136					4136 Linco					YES NO
	1	NAME OF	Fir.	d .	Middle		Lost	4. DATE OF	Month		Day	Year
	5. S	Type or print)	ROYAL	7 444 00/5	HENRY	17 0	COMES	DEATH	P. AGE (In years	ust	26	19 5/
,	J. J	Male	White	WIDOWED	D NEVER MARRIED			277	kst birthday		rear.	Hours Min.
	10a				(0)	1	Sept 14, 18°		59 yrs.	II2 CITIZ	EN OF	WHAT COUN
	d	uring most of working	g life, even if retired)	_								
~'	13.	FATHER'S NAME	1Cel 1	[00	nstruction		14. MOTHER'S MAIDEN	CO.	MO.		U.S.	Α.
		Jo	hn Comes				Susan J.	Cheno	wet.h			
	15.	WAS DECEASED BY	ER IN U. S. ARMED FO		OCIAL SECURITY NO.	IN W		0110110	Address			
	1100	No	In lest them was or order or		212-30-327	Mr	s. Marie E.	Cones	4136 I	incolu	n As	re.
			TH [Enter only one cou	se per line f	or (a), (b), and (c).]						In CERTAIN	41 BEDIEFEL
		PART I. DEA	IH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Myocard	ial	Infarction				apj	rox 3h
ĺ		4	DUE TO									2 4
		Conditions, if a gave rise to immed		C	hronic cor	onai	y artery di	scase			1	ındet
		(a), stating the										
	z	Couse last.) (c)	DITIONS CO	NTRIBUTING TO DEATH	I RIIT NI	OT RELATED TO THE TERM	INIAI PIEFACI	COMPITION GIV	SALIAL DADY	1/-1/10	MALE ALITOR
	CATION	Trick III. With			THE PERSON NAMED IN COLUMN	,	of Kentes to the text	II THE WISCHS!		DA DA CAKI		PERFORMED?
	100	200. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (Er	Her nature of injury in Par	t 1 or Part II	af item 18.1			2 140
	CER	PRIMARY [] or COI CAUSE OF DEATH.	NTRIBUTING [, , , , , ,		,			
	3	20c. TIME OF INJUI	RY Month, Day, Yes			e. PLAC	E OF INJURY (Home, form	n, 20f. (City	or fawn)	(Caun	rly)	(State
	MEDICAL	Haur a.m. p. m.	19	While of wor	k at while	racia	ry, street, affice bldg., etc					
		21. 1 certify th	at I took charge	of the re	emains described	abov	e, held an Autops	у 🔲 , Іг	spection 🕞	Inquiry	1	and find t
		death resulted	from: Natural	causes 🏗], Accident [],	Suic	ide 🔲, Homicide	, Ui	ndetermined c	ause 🔲.	_	
			N.V.	1 . 1								ment towns to
1/2		ACTUAL SIGNATURE	140,000	114	70		M.D. CHIEF MEDICAL E	_				more sure and
		ER ANDREWS &	Tales C V	-1-	O		ASSISTANT MEDIC		Table 1		R.	-26-57
-	22-	NAME (Type)	John C H		NA NAME OF COLUMN	=V 00	DEPUTY MEDICAL	40	-			
	220.	BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETE	RY OR C	REMATORY		ION (City, lawn, o	or county}		(State)
	23.	Burial FUNERAL DIRECTOR	S SIGNATURE	571	Parkwood		24a. RFC	Balt D BY REGIST	imore Mo	TRAR'S SIGN	VATUS	0
	>	Para	- 0	11-	3/12/13	.0.	PA MAIC	201	~ -m.	1	1	6-1-
	2	Mores	Surano	Home	740/ 13	000	L. Rd ANG	201	Mr	a. A.o	ZA	L.

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MARGER

LEEAU V. R.

-				MARIENTO STATE DEPARTMENT OF HEALTH—BALTIMORE, 10
4 ¿£	•	7.	4	2 08236 CERTIFICATE OF DEATH Reg. Dist. 0825544
Page irecta sd wit	1	100		AACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY B. COUNTY COUNT
- P				Battimore CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
Ped /			`	RURAL and give negrest town)
er d				Halethorpe I. NAME OF HOSPITAL (If nor in hospital, give street address) d. STREET ADDRESS e is residence
40 年年	1 1	А	,	OR INSTITUTION O
The second		7.5		4322 Kidge Ave. H322 Kidge 48e. YES NO
4 b-			- 1	NAME OF Lost DATE Month Day Year DeckaseD OF LOST DEATH ALLO LIST DEATH ALLO LIST 1947
in 2				William P. County I I I I I I I I I I I I I I I I I I I
Po Po			5 9	lost bightay) Months Days Hours Min.
ple ed.	_			11818 White Middle Divorced Dec. 3: 1818 78 78
Soportion of the			10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
हैं है	1	7)		arpenter Selfemployed Virginia
e de la constante de la consta		/	13.	FATHER'S NAME
sicio				ynknown Wyknown
phy mon			15. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
ng ng 72		0		LUCY P. COUNCI 4322 RIdge Ave.
eath endi				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-]
e d				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Or Teriosclerotic Cardio Voscolar Visares 5 yrs
the standard				4-2-2./ DUE TO
the by				Conditions, if ony, which) (b)
ned n				gave rise to immediate DUE TO
equin.				lying couse lost. (c)
sicic secon range	2		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
phy os b ial-t			CATI	Essential Hapertension YES NOB
H de			CERTIFICATION	20g ACCIDENT WAS UNDERLYING TO 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
AN Fiscal fisca fiscal fiscal fiscal fiscal fiscal fiscal fiscal fiscal fiscal fisca fisca fisca fisca fisca fisca fisca fisca fisca fisca fis	i			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
att att			MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lown) (Caunty) (State)
PHY I or li			MED	Hour a. m. While Not while foctory, street, office bldg., etc.)
for far			,	21. I certify that I attended the deceased from Nov. 7-5, 1955 to Quy 1 1952 that I last saw the deceased
Africal African Africa				alive on 17/15/57, 19 and that death occurred at 7/80/7 M, from the causes and on the date stated above.
TEN the	3			ADDRESS (Street_eity or lown, state) Date Signed
By ECT of the de		,		ACTUAL A THE TOTAL STATE OF THE PROPERTY OF TH
O P	1			SIGNATURE (CHURCHY COM M.O. DATE SO OF COMMISSION DOWN
A so	3			PHYSICIAN'S (FITHUS (050 FERG (4)) Seltemore 30 Mgd
Se	'n		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
moy b				REMOVAL (Specify)
5 E 5 g =			23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAN'S SIGNATURE
VS A15 (4)	r~7			marine he 1928 Sulphur Spring Pd. DATE ICE 1057 A. Loth Kill
15M 9/55			UI.	minan, 1st in a continue of miles of the miles
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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51.

DECENDED

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HOIPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08256

BUREAU V.

BECEINEU

VS. A15ME(5) 5M 9755

08257

a. IS RESIDENCE ON A FARM?

YES NO K

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

8 Years

IERFORMED? NO IX

DATE SIGNED

8/5/57

(State)

II.S.A

(County)

19 57



08266 **CERTIFICATE OF DEATH** Rea. Dist. No. death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed o. STATE b. COUNTY MARYLAND Baltimore Bal to. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 216 Stevenson Lane 216 Stevenson Lane YES NO T NAME OF First Middle 4. DATE Month Year filled DECEASED DONALD. OF DEATH H. DASHIELL Aug. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years campletely last birthday) Months Days Hours male white WIDOWED | DIVORCED [June 18. papers. ha Yn 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. 8|RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Attorney Maryland and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Nellie Lessner Paul H. Dashiell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address World War I Mrs. Gleria Dashiell -216 Stevenson Lane attending ves 18. CAUSE OF DEATH [Enter only one cause per liperfor (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) 5 DUE TO ۵ V UD Canditions, if any, which gned gave rise to immediate DUE TO coese (a), stating the underlying cause last. burial-transit (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m. While Not while of work at wark p. m. 21. I certify_that I attended the deceased fram_L I that I last saw the deceased be delach and the death accurred If from the causes and on the date stated above. ADDRESS (Street, gity or lo DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNER 226. DATE THEREO! 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Woodlawn Cem Woodlawn. 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 RECO BY RECISTIAN TO 216. REGISTRAR'S SIGNATURE ADDRESS

hours

24

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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BEGEINED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08259
	CERTIFICATE OF DEATH Reg. Dist. No. 39
	b. PLACE OF DEATH o. COUNTY Baltwice MARYLAND 2. USUAL RESIDENCE (Where deceased lived it institution: Residence before admission) b. COUNTY Balts
(pr)	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Sparks LO 45 SDarkS
(;	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION
	3. NAME OF DECEASED (Type or print) - Sarah Frances Daughton DEATH angust 17 1957
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 15 AGE (In years lost birthday) Months Days Hours Min.
I)/[100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Author of working life, even of Faired) 12. CITIZEN OF WHAT COUNTRY? Reclaiment Va
* *	Joseph Causion Rebeccale Venetia
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT HUS band Address Same
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiac - deem been a true ONSET AND DEATH ONSET AND DEATH
	(conditions, if ony, which) OUE TO arterio Aclerotic cardio Voscular descure 345
	gave rise to immediate couse (a), stating the under: lying couse lost. DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURED Factory, street, effice bldg., etc.) While Not while of work at work at work
	21. I certify that I attended the deceased from Seal 1999, to and 1999, to the deceased alive an 17 and 1859, and that death occurred at 7:15 M, from the causes and on the date stated above.
,	ACTUAL SIGNATURE Walder T. I Cas M.D. Cockey Swelle 17 aug 59
	PHYSICIAN'S Walter-T. KEES Cockeysuille Md
	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BUYIAL (Specify) 8-20-57 Stevenson Cem. SParks
1.9	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
Ŀ	The state of the s

BUREAU V. S.

VAL SV 1957

DECEINED FOR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08268 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institutions Residence before admission) a. COUNTY Filed b. COUNTY Anne Arundel Maryland MARYLAND Baltimore funeral b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Pasedena. Md. 3mtnsl4dys Catonsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSITA d STREET ADDRESS SPRING HOS: ITAL Route 9 - Box 512 NAME OF 4. DATE First Middle Month filled DECEASED OF DEATH Davis Aug. (Type or print) 7.2.6.0.0.5.5 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last (birthday) Months white female WIDOWED | DIVORCED [June 26, 1892 cample YIE popers. 100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done of the during most of work done of the during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 101 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 102 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 103 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. bon p offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 physician NO CONTRACTOR OF THE PARTY OF T Anna A. Wagner Charles Burggraf è 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address STATE HOSPITAL 214-01-3448 Records: SPRING GROVE no attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO à Canditions, if ony, which Bued gave rise to immediate DUE TO cause (o), stating the under-LUES lying couse lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e, PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg , etc.) Hour o.m. While Not while at work D. III of work , 1957, to FUGUS T 3, 1957, that I last saw the deceased 21. I certify that I attended the deceased from July 3 I_{-} , and that death accurred at 10.115.9 M, from the couses and an the date stated above. ADDRESS (Street, city or town, state) ซ ACTUAL SIGNATURE HOSPITAL GROVE S TATE LIRE PHYSICIAN'S HOSPITAL Catonsville 28, Maryland NAME (Type) FUNER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, or county) bage REMOVAL (Specify) Burial he Baltimore, Maryland Loudon Park Cemetery 0 10 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR JUST REGISTRAR'S SIGNATURE DATE ANG 9

e. IS RESIDENCE ON A FARM?

Day

Days

YES NO

10

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO NO

> > (State)

DATE SIGNED

(State)

VS A15 (4) 15M 9/55



DECENALED

DECENTER

REAU V. S.

		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 26		(8237 CERTIFICATE OF DEATH
h. Poge	T	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE 6. COUNTY 6. COUNTY 6. COUNTY 7. STATE 7. STATE 8. COUNTY 8. COUNTY 9. STATE 9. COUNTY 9. COUNTY 10. COUNTY 10
to pe	Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
the fund	r	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES NO
24 hours	3.	NAME OF DECEASED (Type or print) DE BOY FIFT Widdle) CEBOY OF DEATH CLEEN 8 1957
within I within to Page 1. Page 1.	-	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS lost berthald) Months Days Hours Min
T de contraction de c	100	
ician and corbon s ofter #	19:	VATHER'S NAME. Statement De Bay 14. MOTHER'S MAIDEN NAME Control of the Control
certific ng physicanov 72 hour	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT L no. or unknown) (II you give wor or date of service) 17-20-49441/NW Elegaber (Del) 3447-20-49441/NW
ottendii n please		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Consettant failure Part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Consettant failure
that the by the it. The it eventy		422.1 DUE TO Cate in the California Ca Pina
equires on. signed it permid		gove rise to immediate cause (a), stoling the under lying couse lost. (c)
physicio os been ol-trans oval, or	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO DEATH
fan: The ending ficate he buring the buring or rem	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I of Port II of item 18.)
PHYSIC all or all his certi use os emation	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour e. st. p. m. 19 While Not while of work
After the formula criol, criol		21. I certify that I attended the deceased from linguist, 1957, to 8/9, 1957, that I last saw the deceased alive on 1957, and that death occurred at 1/1. M. from the causes and an the date stated above
A ATTER d by the ECTOR or to be		ACTUAL SIGNATURE The Course of
Strar pri		PHYSICIAN'S Herbert J. Levickas Bultimon -27 mg
moy be moy be TO FUNE page 3 the regit	ne	REWRIAL CREMATION, PARE, DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 120 TLOCATION (GIV., 6wn, or cognity) of (Stole) LE 12 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VS A15 (4) 15M 9/55	\$2. \	EUNERAL DIRECTOR'S SIGNATURE ADDRESS, Carrello a DATI 1 7 4 4 5 Histm. H. 11
		1957



BUREAU V. S.

VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08263,4

D. CHY OF COWN (If contide exported limit, write to LENSIN OF STAT IN 16 b. CHY OF COWN (If contide exported limit, write to LENSIN OF STAT IN 16 b. CHY OF COWN (If contide exported limit, write SUBAL and give occreat form) Fort Heward Fort Heward Fort Heward Fort Heward Fort Heward Fort Heward Fort Also: Mathew Dewell) Occasion Fort Also: Mathew Dewell) Stat Georgia Occasion Georgia Occasion Fort Occa	0	8270		CERTI	FICA	TE OF DEATH	1		Reg. Dist		0200
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STATE OF MOSTIFAL (If not in hospitol, give wheel oddress) 1029 Myrtle Avenue A PART 1029 Myrtle Avenue On A PARM ON	RURAL and give ne	parest fown)	write c		11			rote limits, write RL	IRAL and go	ve negresi	I town)
OR INSTITUTION VARATHEN ALSO: Mathew Dewell Lost First (ALSO: Mathew Dewell) Lost OF ALSO: Mathew Dewell OF ALSO: Mathew Dewell Lost OF ALSO: Mathew Dewell Lost OF ALSO: Mathew Dewell OF ALSO: Mathew Dew					178		re	3,00		and a	
CONTRIBUTION INTO THE VALUE OF SUSTEIN INTO THE PALATE STORM OF TH	OR INSTITUTION	AL (If not in hospital, giv	e street odd	ress)	i i					e. i	S RESIDENCE
SEX G. COLOR OR RACE NAMEDIC NEVER MARRIED NEVER MAR	Veteraps A	dministrati	en Hes	pital		1029 Myrt1	e Aver	nue		Y	ES 🗍 NO 🌠
SEX G. COLOR OR RATE NAMERICE NEVER MARKED S. DATE S. A.G.E (In year) In UNDER LYCAP FUNDER 2AM Months DOWN Months DOW	NAME OF	First	(ALS	O: Mather	w Dev	(ell) Lost		Mont	h	Day	Yeor
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BUREAU V. E.

AUG 1957

VS ATS (4) TSM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08271

CERTIFICATE OF DEATH

Reg. Dist. No.

08264

1. PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Md. b. COUNTYBaltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Catonsville	c. City OR TOWN (If autside carporale limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitot, give street oddress) OR INSTITUTION Ridgeway Manor Nursing Co.	d. STREET ADDRESS 76 River Road 15 RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print) ERNEST EDWIN EAGI	E LOST 4. DATE Month Doy Year OF DEATH August 7, 1957 19
male white widowed Divorced	8. DATE OF BIRTH Nov. 4, 1881 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF SUSINESS OR INDUSTRIBUTION OF SUSI	Baltimore, Md. 0.5.
13. FATHER'S NAME Thomas Eagle	Rosalie Payne
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 H (Yes, no. or unknown) (II yes, gave wor or dotes of service) RC	osalie Baacke,713 Brookwood Rd. Zone29
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate code (a), stoting the under-lying cause lost. [b] OLCUME (c)	enary Coronary Ocelusion 4
5 4: * Carcinoma of	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO
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	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
Property of the second state of the second state of the second se	DR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Baltimore, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles E Schimunek Funeral Home	9 DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08265 08272 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o county Baltimore Maryland b. COUNTY Baltimore be filed MARYLAND b. CITY OR TOWN IIf outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 RURAL and give nearest lown) plnou Towson 4. vrs. d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS ON A FARM? Baltimore Ave. Baltimore Ave. YES IN NO K NAME OF Middle 4. DATE Day Year DECEASED OF DEATH NOLT (Type or print) 5 HOLT 10 5 SEY 7. MARRIED TO NEVER MARRIED TI R DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months male white 5-10-1901 WIDOWED [7] DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY death. U.S.A. Balto.Co.Hwvs. Maryland pue foreman ofter a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Eicholtz Elizabeth Mumma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address Mary C. Eicholtz Ahove 213-16-9312 mo CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RONCHORNEUMONIA **DUE TO** any Conditions, if any, which CINOMATOSIS signed gave rise to immediate DUE TO couse (a), stating the under-RONCHOGENIC CARCINOMA WITH METASTAGES lying cause lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY buriof-tr PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour o. n. factory, street, office bldg., etc.) While Not while of work of work p. m. . 1957 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1.50° A. M. from the causes and an the date stated above. **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) OMERVILLE O FUNER 220. BURIAL, CREMATION. 22b. DATE THEREOF 225- NAME OF CEMETERY GENCREMATOR 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burtal 29-57 GreenmBalto.Co..Md. Yo ADDRES Rd 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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08273**CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should 9 sacre d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Day Month Yeor DECEASED OF (Type or print) DEATH 19.5 6 COLOR OR RACE 7. MARRIED PLNEVER MARRIED ME UNDER I YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH 9. AGE (In years/ lost birthday) Months Days Hours Min. DIVORCÉE WIDOWED [7] campl paper 100 USUAL OCCUPATION (Give kind of work done during most of working life everyif retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo 13 PATHER'S NAME 14 MOTHER'S MAIDEN NAME physician death certificate WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 12 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ጌ oma PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (o) DUE TO alomerulo nephritis Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the under-Hypertension lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO Z 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, , 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not while ot work ot work Rugust July 21. I certify, that I attended the deceased fram. that I last saw the deceased and that death occurred at Size M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, slote) ACTUAL 255ex SIGNATURE ő HOSPITAL PHYSICIAN'S aumayr NAME (Type) FUNER 3 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORS 22d. LOCATION JGdy. (Stole) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2407 REGISTRAN'S SIGNATURE VS A15 (4) ISM 9/55 DA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED

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08274 CERTIFICATE OF DEATH	Reg. Dist. No. 40			
De D				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) White Marsh b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OR CITY OR TOWN (If outside corporate limits, write c. LENGTH OR C				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Box 1038 Stevens Rd. d. STREET ADDRESS Box 1038 Stevens Rd	e. 15 RESIDENCE ON A FARM? YES NO (2)			
3. NAME OF First Middle Lost 4. DATE OF	Month Doy Year August 4, 1957			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in ye) lost birthdi Nale White WIDOWED DIVORCED July 28, 1905 52	PORT IF UNDER LYEAR IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Meter Reader Gas & Flec. Co. Nova Scotia	12. CITIZEN OF WHAT COUNTRY/			
13. FATHER'S NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address 038 Stevens Rd.			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY:	INTERVAL RETWEEN ONSET AND DEATH			
DUE TO metastatic Carciplo	ma less than 2 y			
gove rise to immediate couse (o), stating the under- lying couse lost. Carcinoma of low go box	well 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF A TO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part III of item 18. OR CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO			
204	i.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work ()	(County) (State)			
21. I certify that I attended the deceased from 7/27, to 8/5, to alive on 1957, to 1	,that I last saw the deceased es and on the date stated above.			
ACTUAL SIGNATURE 9. Watt M.D. 434 Eastern	own, stote) DATE SIGNED			
PHYSICIAN'S J. PLATT, M.D. Esay, M. MAME (Type)	m 0 .			
220. BURIAL CREMATION, REMOVAL (Sepcity) Aug. 7, 1957 Moreland Memorial Balto.	. Md.			
VS A15 (11) 15M 9/55 22 EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS THOMAS AND FREGISTICE F26. 1 THOMAS AND FREGISTICE F26. 1 ADDRESS THOMAS AND FREGISTICE F26. 1	REGISTRAR'S SIGNATURE Dr. Haller Hams			

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CERTIFICATE OF DEATH

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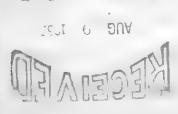
a. COUNTY		imore	MARYLAND	O STATE	Where deceased lived. If institution aryland b COUNTY	Residence before admission)
RURAL on	OWN (If autside corporate to the corpora	orale limits, write	54 days	Baltime	f outside carporate limits, write RU	RAL and give nearest tawn)
OR INST 1	HOSPITAL (IF not in housing Administ			d. STREET ADDRESS / 312 Maser	Court	e. IS RESIDENCE ON A FARM? YES NO 2
3 NAME OF DECEASED (Type or prin	1)	(ALSO	e CLIDE BUSH)	Lost FAWBUSH	4. DATE Month OF DEATH AUGUST	
s sex	6. COLOR O		RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH	9. AGE (In years I	FUNDER TYEAR IF UNDER 24 HRS Months Days Hours M'n.
during mos	CUPATION (Give kind to a working life, even	if retired)	e kind of Business or indead Construction			12. CITIZEN OF WHAT COUNT
13. FATHER'S N	AME			14 MOTHER'S MAIDEN	NAME	
Jeseph	Fawbush			Jeanna /	Arneld	
	SED EVER IN U. S. AR		6 SOCIAL SECURITY NO 17	INFORMANT	Addres	11
Yes	of T	is datas as resolve)	23/1-12-6598 CT	in Rec. Div. Ve	ets.Admin.Hespit	al.Ft.Heward.Md.
		ly one couse per	line for (o), (b), and (c)]			INTERVAL BETWEEN
	T I. DEATH WAS CAU			CLEROSIS SEVE	POE LEEME ATD	ONSET AND DEATH
					PATRIC MITTING CATALO	7 TEARS
7			OCARDIAL INFAR			
	ns, if any, which)		MONARY CONGEST	ION AND EDEMA		UNKNOWN _
couse (a),	stating the under	DUE TO				
Z lying cou		(c)	CONTRIBUTING TO DEATH BE	IT NOT BELLYCD TO THE YER	MINAL DISEASE CONDITION GIVE	NAME AND ASSESSED ASSESSEDA
20g. ACCID OR CONTR (IF EITHER,	W. OTHER SIGNIFICA	INI COND IION	SCONIKIBUTING TO DEATH BE	TI NOT RECATED TO THE TER	MINAL DISEASE CONDITION GIVE	PERFORMED?
	ENT WAS UNDERLYIN BUTING [] CAUSE OF NOTIFY MEDICAL EXA	G [] 206. DI DEATH MINER)	ESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	n Part II or Part II of item 18)	
20c. TIME O	F INJURY Month, t a, m p m,	Whi		LACE OF INJURY (Home, for octory, street, office bldg, e	rm, 20f. (City or lawn)	(County) (Stole
21. I cer	lify that Vallence	led the dece	sed from June 10	19.57 to A1	ugust 3 1957	METOGRAPHICA METOGRAPH
					5P.M. fram the causes an	
	1	10-	^-		ADDRESS (Street, city or lown, st	
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ACTUAL (- Wat					
SIGNATUR	CHIEN WE	LAN, M	. D.	Fort Hene	rd, Meryland	*********************************
PHYSICIAN NAME (Typ	O CHIEN WE		2c. NAME OF CEMETERY		rd, Maryland 22d. LOCATION (City, Iown, or	county) (State)
PHYSICIAN NAME (Typ	O CHIEN WE			OR CREMATORY	22d. LOCATION (City, lawn, or	county) (State)
PHYSICIAN NAME (Typ 220 BURIAL, CI BEMOVAL DUTIA	O CHIEN WE		22c. NAME OF CEMETERY	OR CREMATORY National	22d. LOCATION (City, lawn, or Baltim	4.5
PHYSICIAN NAME (Typ 220 BURIAL, CI BEMOVAL DUTIA	EMATION, 226 DATE		22c. NAME OF CEMETERY Baltimore	OR CREMATORY National	22d. LOCATION (City, lown, or Baltim	ore, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be relained by the haspital or attending physician.

TO FUNERAL ORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 in the best ocher as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 haus, after death. VS A15 (4) 15M 9/55

of 2 should be filed with

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08276 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY **b.** COUNTY MAARYI AMO Baltimore Raltimore ro b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town Towson Towson vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 1001 W. Joppa Road West Joppa Road 1001 YES NO THE NAME OF 4. DATE Middle Month Year DECEASED OF Sister Mary A Esumpta (Type ar print) 73 201 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED KT 9. AGE (In years / IF UNDER 1 YEAR IF UNDER 24 HRS S SEY lost by hooy Months Days Feb. 24. 1892 Female White DIVORCED [popers. WIDOWED [10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Drinane. Ireland U.S.A. Convent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö James Feehly Mary Tulley 9.0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO 17 INFORMANT Address Iff yes, give wer or dotes of service Convent Records. 1001 W. Joppa Rd. Towson. Md. no none CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Carebral hemour hage Minutes DUE TO Essential Hypertension Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CATIOI PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) Haur a. n. foctory, street, office bldg., etc.) While Not while of work ot work 🖂 21. I certify that I attended the deceased fram, ... 19 5 7 that I last saw the deceased and that death accurred at 9100 PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL welles one SIGNATURE **PHYSICIAN'S** 7501 York Road, B altimore, Md. Richard W. Klide NAME (Type) May be r 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 26.1957 Aug. Convent Cemetery 1001 W. Joppa, Rd. Towson, Md. Purial 0 240 REGIP BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 246 REQUITRAR'S SIGNATURE eminem 4611 Park Hgts. Balto.Md

BUREAU V. E.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. US	STATE Maryland	here decease	d lived. If institut b. COUNTY		e before d	odmission)
RURAL and give no		s, write	c. LENGTH OF STAY IN 16	c	Baltimore		orote limits, write f	RURAL ond gi	ve negres	t tawn)
Catons	AL (If not in hospital, g		- 44		STREET ADDRESS			¥ /	34	
OR INSTITUTION	House in t			6.	4807 Bell	e Ave	nue			S RESIDENCE ON A FARM? ES NO X
3. NAME OF DECEASED	Fire		Middle	-	Last	4. DATE OF	Mor		Doy	Yeor
(Type or print)		TIE	jų į			DEATH	22.00	rust 2	Y	19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DI	8 DAT	1883		9. AGE (in years last buildey)	Months		OUTS Min.
100. USUAL OCCUPATIO		lone 10b.	KIND OF BUSINESS OR IND	USTRY 1	BIRTHPLACE (Stote	or foreign c			ZEN OF V	WHAT COUNTRY
Hous	ewife		At Home		Baltimo	re. Mo	d.	U.	S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN N	AME				
	olomon Croc					a B. N	Miller			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR			INFORM	Ida M. Pe	7+4	Add	elle /	350m	10
				11.0	Iua M. 16	162 -	- 400 / 1	CTTE 1		
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c)		and the second s	AL	FALL	URE				AL BETWEEN AND DEATH
4442X		7/-	7072 7200	,, -	1 JA A F Co	- V / C C	•		-	
	DUE TO	4 .	A.S.C.XD							
Canditions, if a gave rise to i		76.7	1.3.C.XD							
cause (a), stating										
lying couse lost.	} (c									
PART II OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	F	WAS AUTOPSY PERFORMED?
PART II OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED (Ente	e nature of injury in I	Port I ar Por	t II of ilem 18.)			
20c TIME OF INJUR	Y Month, Day, Yeo	While	Not while 1	LACE OF	INJURY (Hame, form reet, office bldg , etc.	20f (City	y ar town)	(C	ounty)	(State)
		,	100	- 10	Ch /	1110	24	2		
1	at I attended the	deceas	_	i_ /_Y_,	1920, 10	any.	24, 195	Z,that I la	ast saw	the decease
alive on	free 18	د 12 , ــ	, and that Veat	h accu	rred at <u>2:30</u>	M, Gran	m the causes o	and on th	e date	
60	0 ,1	- In	D lal		0:	ADDRESS (S	ireel, city or lown,	state)		DATE SIGNE
SIGNATURE	wara H.	J. J.	glowlen	MD.	July 1	just	55,73	<u> </u>		
PHYSICIAN'S NAME (Type)	Leonard H.	Golo	mbek 70	13 1	iberty Ro	ad				
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	Aug. 2		22c. NAME OF CEMETERY	_	IATORY		TION (City, lown, bimore. M		nd	(Stote)
23 JUNGRAL PIRECTOR		174	JAUL MATT	17	240. REC'	D BY REGIST	TRAR 24b REGI	STRAR 5 SIG	NATURE	
El Jane	4,1,000.11		~ · · · · · · · · · · · · · · · · · · ·	100	AUG 2	2 '57	D. /			
,					MUG 2	0 01	Withe	uch		

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death; Page 4 the funeral director, 2 should be filed with may be revolved by the haspital or attending physician.

TO FUNER. RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 s. be detached far use as the burial-transit permit. Then, please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Raltimore o. STATE b. COUNTY MARYLAND b. CITY OR TOWN Itt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) o. IS RESIDENCE ON ANEARM? YES NO d. STREET ADDRESS 3731 Raspe Ave. Caton Ridge Nursing Home, Harlem Lane NAME OF 4. DATE DECEASED Ford (Type or print) Maggie DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (le veora IF UNDER TYEAR F UNDER 24 HRS. (ast birthday) Months Female DIVORCED T WIDOWED M 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) o. Maryland Housewire 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Davis 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ariricoss lennace 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (a) Cardiovascular disease, Senility DUE TO Fracture left femur Accident Conditions, if any, which) gave rise to immediate couse **DUE TO** (o) stoting the underlying Pinning operation July 24,1957 couse fost. St. Arnes Hosp. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH, Fell on floor , caught foot in her old bath robe Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 120f. (City or town) 20c TIME OF INJURY (County) (Stote) while Not while it foctory, street, office by of work of work WINSING Home foctory, street, office bldg., etc.) 6PM amjuly Catonsville Balto. Md 21. 1 certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes Accidental, Suicide . Hamicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER AIGNATUR! ASSISTANT MEDICAL EXAMINER EXAMINER'S Geo. S. M. Kieffer M.D DEPUTY MEDICAL EXAMINER NAME (Type) August 19, L957 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) arkwood emeteru. 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Hartord Road #14

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VS A15ME(5) 5M 9755

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BUREAU V. S.

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Baltimore, Md.

BUREAU V. A.

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BECENTED

08281 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Raltimore **5 COUNTY** MARYLAND Maryland Raltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town). Overlea Overlea d. NAME OF HOSPITAL (If not in hospitol, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Madeline Ave. Madeline Ave. YES TI NO X NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED OF DEATH (Type or print) Charles Η. Freeman Sr. 19, 1957 August 5 SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday Months Days Male White 1880 WIDOWED [DIVORCED [July yes 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Painting Balto. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Freeman Vogt Anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 219-01-6756 No Mrs. Margaret C. Freeman 13 Madeline Ave. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS AUTOPSY YES [NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (Stote) foctory, street, office-blog., etc.) Q. fl. While of work- of work 21. I certify /hat I attended the deceased fram that I last saw the deceased and death fram the causes/and on the date stated abave. LDDRESS (Street, DATTE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOYAL (Specify) Buria 22.1957 Oaklavm Raltimore 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEIVED TO

1. PLACE OF DEATH o. COUNTY

NAME OF

DECEASED (Type or print)

b. CITY OR TOWN RURAL and give d. NAME OF HOSP OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
CERTIFICATE OF DEA	ATH Reg. Dist. No. 18276				
BC + O. MARYLAND 2. USUAL RESIDENT	CE (Where deceased lived. If institution: Residence before admission) b. COUNTY				
(If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOW	(If outside corporate limits, write RURAL and give nearest town)				
TAL (If not in hospital, give street address) d. STREET ADDR Mc Gormich AV 2 6 M					
Henry C. 6125ele1	4. DATE Month Doy Year OF DEATH AUC 3 1957				
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH	9. AGE (In year of UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min				
ON (Give kind of work done 100-KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (king life, even if retired)	(Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
enry Glosaler Carti	oor Carolin - Spangenberg				
ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If you, give wor or date of service) 16093533 Halan G	leseler 6 Mc Cormick Are				
ATH [Enter only one couse per line for (a), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circumseur Concurry	mie, belateral Interval Between ONSET AND DEATH				
DUE TO					
the under- (c)					
HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?				

10g USUAL OCCUPAT during most of wo 13. FATHER'S NAME 15. WAS DECEASED EV CAUSE OF DE PART 1. DE Conditions, if gave rise to cattse (o), stating lying couse lost CERTIFICATION PART II. O' YES NO P 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) (County) Hour o. m. factory, street, office bldg., etc.) While Not while at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased Lisofth, from the causes and on the date stated above. and that death occurred of ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR'S SIGNAFURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

BUDEYN N. Z

CC. 9 E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 Film 0219 8-26-57 et CERTIFICATE OF DEATH 08284. eral director. be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Baltimore b. COUNTY MARYLAND Urknown uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest town)
Catonsvil shauld 1 Lowy 11/16 Wilmington d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Recedo ON A FARM? Knoll MAGICA / VALLA haurs Unknown YES NO NAME OF First Middle DECEASED Emma Jane Giles August (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bighday) Months Days Hours WIDOWED FT DIVORCED | camplet yes 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? lind death. Maryland None U. S. A. PIED carban 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME Not Known Not Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Giles 4005 Kennington Ave No Frank CAUSE OF DEATH [Enter only one couse per line for (a)) (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) that the +0.1.1 DUE TO dance þ Conditions, if any, which gove rise to immediate per DUE TO cause (o), stating the underlying couse last, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) d. fi foctory, street, office bldg., etc.) While Not while at work at work 21. I certify) that Lattended the deceased from I hat I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. RECOOR ADDRESS (Street City or town, state) ACTUAL Pe SIGNATUR B PHYSICIAN'S NAME (Type) TO FUNE en 220. BURIAL CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page REMOVAL (Specify) Cathedral Baltimore. Bunios 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Farley Funeral Home Catonsville DATE

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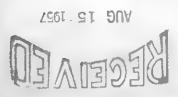
DECENDED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08238 CERTIFICATE OF DEATH Reg. Dist. No. director, 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH p. COUNTY o. STATE Ind. Baltimôre b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town! Arbutus d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1 3 ON A FARM? 4315 Wilkens Ave Wilkens Ave YES NO NAME OF Middle 4. DATE First Ensi Month Day Year DECEASED DEATH Aug. 14, 195 (Type or print) T.OTT TE VIRGINIA GTST 19 B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED lost birthday) Months Female White Min. DIVORCED T Dec.23.1874 WIDOWED DY X 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Carroll Co.Md. Housewife Home 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME William Grove Nancy Flemming 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Nancy Lindsay, 4315 Wilkens Ave none 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and, (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o of deteriorelysis **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES I NO I 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home: form," 20f. (City or lown) (County) (Stole) Doy, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1937, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 8:454M, from the causes and an the date stated above. alive on UU ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL Francis Avenue Balto. PHYSICIAN'S NAME (Type FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Woodhine Rundal Bugust. Morvan Chanel 246 REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR Hubbard 4107 Wilkens Ave

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AUG 16 1957
AUG 16 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08279 08285 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND was li4 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest towns d NAME OF HOSPITAL (If not in hospital, give street address STREET ADDRESS m. IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO NAME OF Middle 4. DATE Lost Day Year DECEASED 48581 (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX 9. AGE (14 B DATE OF BIRTH years FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours WIDOWED [7] DIVORCED [7] yes. 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign gountry) 12 CITIZEN OF WHAT COUNTRY? Cuquel carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 岢 mave . 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) 215-03-95 CAUSE OF DEATH [Enter only one cause per lying for (o), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Weurs 11.2.0.1 **DUE TO** Conditions, if ony, which] gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. II. While Not while 19 at work at work o. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased alive on and that death occurred at 11/1M, from the causes and on the date stated above. ADDRESS (Street, cits) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) FUNE oge 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Removal Daule Cemetery Franklin. New Hampshire 23. FUNERAL DIRECTOR'S SIGNATURE / / ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Wm. O. Tickner Hove DATE 15M 9/55



BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08286

CERTIFICATE OF DEATH

0828038 Rea. Dist. No.

Ī	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	e deceased lived If institution: Resident b. COUNTY	fmore		
		CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL					
	d. NAME OF HOSPITAL (If not in hospital, giver or institution 7819 Shenh		d STREET ADDRESS 7819 Sheph	nerd Ave #14	e. IS RESIDENCE ON A FARM? YES NO		
3.		Middle		DATE Month OF DEATH ALLO	Day Year 19.57		
5.	SEX 6. COLOR OR RACE		B DATE OF BIRTH		1 YEAR IF UNDER 24 HRS Days Hours Min.		
/ _	O. USUAL OCCUPATION (G ve kind of work de during most of working life, even if relired) HOUSEWORK FATHER'S NAME	ne 10b. KIND OF BUSINESS OR INDU		foreign country) 12 CIT	S		
15,	Frank Shober . WAS DECEASED EVER IN U. S. ARMED FORCE dat, no. or unknown) (If yet, give wor or date of serv	rice)	Laura He	an.7819 Shepherd	Ave -		
CERTIFICATION	PART I. DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 3 / X Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. Part II. OTHER SIGNIFICANT GOND 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	arterio	clerosis NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PARTITION OF Part II of them 18.)	INTERVAL BETWEEN ONSET AND DEATH (1) 19, WAS AUTOPSY PERFORMED? YES NO		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. jr. p. m. 19	20d. INJURY OCCURRED 20e. PL for work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stole)		
	21. I certify that I attended the alive an actual signature PHYSICIAN'S NAME (Type)			M, from the causes and an the Cores (Street, city or town, stotel)	last saw the deceased the date stated above DATE SIGNED AUGILOS		
L	Po. BURIAL, CREMATION, 22b. DATE THEREOF	1957 St. Mary's	Hampden 3	2d. LOCATION (City, lown, or county) SOO Roland Ava- BY REGISTRAR 2db. REGISTRAR'S SID 9 9 10 7 A A	(Slote) Rolto Na NATURE M. Barony		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EDEEAU V. S.

406 30 1957

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08287 Reg. Dist. 08282 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) directo n. COUNTY o. STATE Maryland Baltimore County b COUNTY Baltimore City led MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 52 yrs. Baltimore City 3 VO1-4 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OF INSTITUTION Sheppard and Enoch Pratt Hospital 3701 Menlo Drive YES NO T 4. DATE First Year Day DECEASED OF DEATH FRANCES CUMP KOHLER (Type or print) August 23 19 57 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Davs White Female WIDOWED A DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) Housewife Brooklyn, New York U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emave cark David Kohler Jane ----IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None Hospital records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).} INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis 3 hrs. DUE TO Left lobar pneumonia Conditions, if ony, which ! gove rise to immediate **DUE TO** codse (a), stating the under-Ceneralized arteriosclerosis Unk. lying couse fost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? Schizophrenic reaction, paranoid type YES IN NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) Hour e. m. factory, street, office bldg., etc.) Not while of work T of work ø. m. 21. I certify that/I attended the deceased from May 7 19 45, to August 23 19 57, that I last saw the deceased alive an August 23 and that death accurred at 8:15PM, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATURE Harry M. Murdock, M.D. NAME (Type) ന '5 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 8-26-57 Greenmount Cemetery Baltimore, Maryland Cremation 23. FUNERAL DIRECTOR'S SIGNATURES 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 1902 Martin. Eutaw

HOSPITAL

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PECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08283 CERTIFICATE OF DEATH 08288 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CatonSville Mo. Balto d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION HOUSE In The Pines 16 Fusting Ave d. STREET ADDRESS IS RESIDENCE Land ON A FARM? Formerly Of-701 YES NO Gate First Middle DATE Last Month Day Yeor OF DEATH MaNola Havden 19 57 AUR. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min. DIVORCED [WIDOWED E YCS. 12. CITIZEN OF WHAT COUNTRY? O.H Va USI 14. MOTHER'S MAIDEN NAME Cornelius Lowry Laura Fallon 17 INFORMANT Address Chapel Gate Lanz Garnett Hayden, 701 INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Cardio-Yarenly Disigre **DUE TO** (c) PERFORMED? YES NO P 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., atc.)

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24a. REC'D BY REGISTRAR

24h. REGISTRAR'S SIGNATURE

5. SEX 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or farging country) during most of working life, even if retired) H.W 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: Conditions, if ony, which) gove rise to immediate coese (o), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFIC 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, O. III. While Not while of work of work 30 1957, to ary, 9 21. I certify that I attended the deceased from 192 Zithot I last saw the deceased and that death accurred at 5250 PM, from the causes and on the date stated above. ADDRESS (Street, city or ACTUAL SIGNATURE NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

ADDRESS

Funeral Dir.4101 Edmondson

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PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED

(Type or print)

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

15M 9/55

BUREAU V. E.

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BECEIAEL

MEDICAL

DEPUTY

BUREAU V. S.

.8 €			08290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
old l		=	Reg. Dist. No. 7 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
shoots	助力	1.	COUNTY COUNTY
7. P	٥		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
Pag buri			MIDDLE RIVER (70)
or.		-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
- E	()7)		7 CHANDELLE AVE, 7 CHANDELLE AVE, YES NO BY
dela al d		3.	NAME OF First Middle Last 4. DATE Manth Day Year
une Yau			(Type or print) CHARLES AKERY HERNDON DEATH AUGUST 15 1957
he f		5,	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years light birthday) Months Days Hours Min.
# Triff			MALE WHITE WIDOWED DIVORCED MARCH 16, 1895 6Z YM. MIN.
deo nd 3 reta 2 w	(II	100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ond and	1	4	NIGHT WATCHMAN CONSTRUCTION VA. VISIA.
1, 2 1, 3 1, 3	-	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
i h i h i h i h i h i h		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17, INFORMANT Address
n Zii Pog	/	įY.	5, no. or unknown)
E 8 9. F			
18.			PART I, DEATH WAS CAUSED BY: OR ON DEATH
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in the frantran			Conditions, if eny, which) (b) 77-5-C-V- DISEASE
ncil ng riof			gove rise to immediate cause (a), stating the underlying DUE TO
shou n pe			couse last. (c)
ffice as a	_	Z Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
ific din sed	el.	- 3	YES NO AT
his cer d'per aminer		CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE FOR TNJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.)
Shar Shar		MEDICAL	20c. TIME OF INJURY Manth, Day, Year John. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 120f (City ar tawn) (Caunty) (State)
AINE the dice		ME	p, m. 19 of work at work
XA3			21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection I Inquiry and find that
Mr. E			death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ficate the control	6		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
the cert	io o o	Þ	EXAMINER'S M.B. DAVIS MID DEPUTY MEDICAL EXAMINER D
FUT FUT		220	BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store)
7		-	BURIALIA 8-19-57 GARDEN OF FAITH BALTO. CO. MO.
VS ATSTICES		234	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
5M 9/55	(<u> </u>	AMES HIBESTAZINSKI 1407 EASTERN AVE INO 20 195; Edith Auley

BUREAU V. E.



~		08291 MARYLAND	STATE DEPARTM CERTIFICA	ENT OF HEALTH		TIMORE, 1	8 Reg. Dist.	082	86/
)	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere decease	d tived. If institution			nission)
	Ľ	Baltimore	MARYLAND	o. Slate Maryland		P COUNTA			
		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside carpo	rote limits, write RI	URAL ond giv	e nearest to	wn)
	<u> </u>	Towson		Baltimore		1.4.	>=		
17	'	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS				ON	RESIDENCE
	-	eppard and Enoch Pratt H			rd St	(18)		YES	□ NO □
_		NAME OF First DECEASED Type or print) Augusta Louise Hel		Lost	4. DATE OF DEATH	Moni	lh	Day	Yeor 19 57
	5. 5	The state of the s	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdox)	Months D		
		female white widow		June 13, 1881		76 prs.	MORING D	oys Hou	es Min.
$-\frac{1}{2}$	10a	. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired) housekeener	domestic	STRY 11. BIRTHPLACE (Slote of Baltimore				EN OF WH	
- /	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		yzenid	1 0114	. VOU. D	va, vek
		Gustav Herzer		Fredericka	1. 7	Pfizen	maier		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Addr	ess		
0		, no, or unknown (If yes, give wor or dates of service)	No lir	. Edw. H. He	erzer	7111	Sheff	ield	Roa
		18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]					INTERVAL	BETWEEN
		PART I. DEATH WAS CAUSED BY:	nic mwocarditi	s and mvocard	tal d	e <i>pe</i> nersti	On	ONSET AN	ND DEATH
	Н	420.1 DUE TO				ORUZOZ WOZ			
		Canditions, if any, which) (b) COTO	mary arteriosc	lerosis				5yea	rs
		gave rise to immediate cottse (a), stating the under-							
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART I	(o) 19. WA	S AUTOPS
Lags	13	ovarian tumor							FORMED?
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort For Pari	I II of item 18.)		,	
	MEDICAL	Hour a.m. ta While		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City	or town)	(Ca	unty)	[Sta
	2			20 ETT . Ann on					
		21. I certify that I attended the decear		, 19 <u>57</u> , toAug	UB C 4		"that I la:	st saw th	e dece
		alive on August 4, 19	Z.C, and that death	occurred alos 20P		n the causes a treet, city or town, :			oted ab
,		ACTUAL SELL	al he				_ ′		
- /	,	SIGNATURE		M.D. Sheppard Pr	act u	SEDI PET	TOMBOU	1, Md.	0-4
	1	PHYSICIAN'S John L. Carleton							
	220	BURIAL, EREMATION, 226, DATE THEREOF	22c binnie OF CEMETERY O	R-CREMATORY	22d. LOCA	IION (C.ty, tawn, o	or county)	/S	tale)
	1	Bernal aug. 8, 1957	Loudon 1	ark	d-	altimer	e-	-	rd.
	23	EUNERAL DIRECTOR'S SIGNATURE	Co. 4905 V	The Reed Part REC'S	BY REGIST	RAR 246 REGIS	TRAR'S SIGN		
	44	1	0 44	Man A A. To Lovie		11/1/		pro	19
			Balto. (2.	md.				-	

R. N. U.Z.

MAN DES

		П		
please exe-	4 should be		uriol, cremation,	*
is necessary,	ector. Page		Cr la buriol	
IEPUTY MEDICAR EXMININER: This certificate should be enecuted within 24 hous after death. If any delay is necessary, please exe-	cute the certificate, writing the word "pending" in pencil in Item 13. Give Pages 1, 2, and 3 to the funeral director. Pa	d for your fix	the registrar	
m after death.	1, 2, and 3 to 1	r's Office along with farm PM3. Page 5 may be retained for your five	poges I and 2 with the registra	(
within 24 hour	Give Pages 1	M3. Poge 5 m	it. File pages	
be effecuted a	i in Item 18.	with form PA	burial-tronsit permit. File page	
ficate should	ding" in pend	· Office along	sed as a buria	
ER: This certi	e word "pend	cal Examiner's	Page 3 should be used as a bi	
CAR EXAMIN	ate, writing th	he Chief Medical Examiner	CTOR: Page	
EPUTY MEDI	e the certified	warded to th	UNE	Pamov
0	cut	for	0	20

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08292 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BATTIMORE MARYLAND Md BALTO b. CITY OR TOWN I'll outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give nearest lowel RURAL BALTIMORE RURAL* BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Avenue 3005 Sixth Av Balto 14 YES NO TE NAME OF First Middle DATE Month Dov DECEASED OF DEATH FRANCIS Mortimer HESTER August 19 57 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months male white WIDOWED DIVORCED | yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Supervisor. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME anatius Mortimer Hester 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Same 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1-2 hrs Myocardial Infarction IMMEDIATE CAUSE (a) 420.1 **DUE TO** Hypertensive cardiovascular disease unk Conditions, if ony, which gave rise to immediate cause! **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES 🔲 NO 🗍 20g. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of Item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year {County} (Slate) factory, street, office bldg., etc.) Hour o.m. Not while While at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection of, Inquiry death resulted from: Natural causes Accident | Suicide | . Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John C Hyle MD DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole) REMOVAL (Specify) Redeemer 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hartord Road

VS. A15ME(5)

BUREAU V. &

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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08288 27

_	1.91	293		CEI	RHHC	ATE OF	DEATH	1			Reg. Dis	t. No.		21
1.	PLACE OF DEATH D. COUNTY	Baltimore		ı	MARYLAND	2 USUAL RES	idence (whi	ere decease		nstitution DUNTY	Residence Bal			on)
۰	b CITY OR TOWN RURAL and give Wood]		its, write	c. LENGTH OF		c. CITY OR	town (If o	utside corpo	rote limits, v	vrile RUI	RAL and g	ive neo	irest lown)
		ITAL (If not in hospital,)	erra	oddress)	118	d. STREET		nt Te	rrace	e	-			DENCE FARM? NO
L	NAME OF DECEASED (Type or print)	Freder	ick			Hillmey		4. DATE OF DEATH	Aug	Month	2nd	Do:	*	(ear 19 57
	Male	White	WIDOWE	book	ORCED 🗍	B. DATE OF BIRT	L	Ab	9 AGE (In tost birth	years (1) idoy) yrs.	Months	Days	Hours	R 24 HRS Min
R	etired-N	ION (Give kind of work prking life, even if retired IOTOTMAN		tind of Busini lto.Tra			yene		ountry) omin	ζ.		ZEN O		COUNTRY
		Hillmeyer					knowi							
IS IX	Yes	SpanAm.	ervice)	SOCIAL SECURIT	Ar	s Henri	etta	Ande	rson	191 Ter	5]		mont Wood	t llawr
	PART I. DE	DUE TO	1	Sanfa	(c).]	ties	7/2	ege				INTE	RVAL BET	WEEN DEATH
NO	Conditions, if gove rise to couse (o), stoling lying couse lost	immediate DUE TO)	ONTRIBUTING TO	O DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITIO	IN GIVEN	N IN PART	1(o) 1:	9. WAS /	UTOPSY
CERTIFICATION		/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)				ED. (Enter noture c							PERFOR	NO
MEDICAL	20c. TIME OF INJU Hour a, f1, p. m,		or 20d. IN While of work	JURY OCCURRED Not while	20e. Pr	LACE OF INJURY (actory, street, offic	Home, form, e bldg., etc.)	20f. (City	or town)		(C	ounty)		(Stole)
	actual SIGNATURE	that I attended the	12.5	17, and	that death	h occurred at		DM, fran LDDRESS (SI	reel, city or	ses and town, sta	d on th	ast so e dat	le state	deceased d above TE SIGNED
22	REMOVAL (Specific Bur 18.1	ON, 226. DATE THEREC				or CREMATORY Cemeter			ion (city. i			to	(Stole	, Mo
23.	CUNERAL DIRECTO			49919 Hed gh	Liber	rtv		BY REGIST	صده صدنانا		AR SIG			+

BUREAU V. S.

DECENVEN

ė.

requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08289

08294

Reg. Dist. No.

1. PLACE OF DEATH 6 COUNTY	Bal	Ltimo	TE MARYLA	- 11	2. USUAL RESIDENCE (WI	here deceased	lived. If instituti b. COUNTY	oni Residence	before od	lmission)
	f outside corporate limi	ls, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL and giv	ve neares!	town)
RURAL ond give negrest fown) CRICHSVILLE					Baltimore		3 v	1.4		
d. NAME OF HOSPIT	At (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
Ox ((45)))Ondiv	House in the	ne Pi	nes		formerly o	f 2901	Cliftor	Avem		S □ NO 🕝
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)		SSIE				DEATH	Tu	igust	27	19 57
S. SEX	6. COLOR OR RACE	7 MARI	RIED A NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED		1887		70 yrs.	Months	Doys Ho	wrs Min,
10a USUAL OCCUPATIO	N (Give kind of work a	lone 10b.	KIND OF BUSINESS OR	INDUSTI	TY 11. BIRTHPLACE (Stote	or foreign co	unlry)	12. CITIZ	EN OF W	HAT COUNTRY
Ho	usewile		At Home		Russia			Ţ	J.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
,	Ellis Kravi	tsky	•		Rose	7				
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17, INF	ORMANT		Add	ress		
[Yes, no, or unknown]	III yes, give war or dates of s	84A1E@]	٠	Mr	. Sidney Hor	witz	3222 Yo	semite	e Ave	nue
Conditions, if or gove rise to it couse (a), storing lying couse lost. PART II OTH	The under-	<u>H</u>	Mperat	H BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	I(o) 19. W	'AS AUTOPSY RFORMED?
PART II OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	Port I or Port	! of item 18 }		YES	NO 🔼
-	Y Month, Doy, Yes	While	NJURY OCCURRED 2 Not while t of work		E OF INJURY (Home, form ry, street, office bldg, etc		or town)	(Co	ounty)	(Stote)
actual Signature Physician's Name (Type)	at I attended the	12.19.1 101.	AM Xeid — 2404 Eu	taw :	DHOH Place	ADDRESS (SI	the causes of the courses of the causes of t	and on the	e date s	DATE SIGNED 8/28/57
220. BURIAL, CREMATIO REMOVAL (Specify) BULLIAL	Aug. 28	1957	Shomra Ada		crematory zemech Zedek	3	timore.			(State)
23. FUNERAL DIRECTOR		c. 11	ADDRESS 24-26 41.71	Touth	at- BEC	D BY REGISTI	DAD DAN DECH	TRAR'S SIGN		



*

BUREAU V. E.

40G ST 1957

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No

with	
filed /	201
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should	

papers.

physician

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death.

PLACE OF DEATH o. COUNTY

Middle

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Marvland

b. COUNTY Baltimore

Baltimore Co. MARYLAND b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 RURAL and give nearest town) Baltimore 15 Years d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

d. STREET ADDRESS

... IS RESIDENCE 5502 Clifton Avenue

Month

NAME OF DECEASED (Type or print)

'Mildred Marguerite Hall Howard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

August 9. AGE (In years lost birthday) Months

18. 1957 IF UNDER 1 YEAR IF LINDER 24 HRS. Days

ON A FARM?

YES NO

Year

5. SEX Female

White WIDOWED T

5502 Clifton Avenue

DIVORCED TT 2-18-24

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)
10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

4. DATE

DEATH

12. CITIZEN OF WHAT COUNTRY?

Telegraph Operator

Oklahoma City-Oklahoma 14. MOTHER'S MAIDEN NAME

W. S. A.

Day

13. FATHER'S NAME

Grace Revnolds

Address

Thomas H. Hall

08296

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17. INFORMANT

Western Union

216-20-4164 Mrs. Juanita Schott, Jacksonville, Maryland

CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which (b) gove rise to immediate

washing am DUE TO

cottse (a), stating the under-

DUE TO

PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

PERFORMED? YES T NO T

INTERVAL BETWEEN ONSET AND DEATH

NO

WEDICAL

CATION

20c. TIME OF INJURY Hour Ja. m. p. m.

lying couse lost.

Year

20d. INJURY OCCURRED While Not while ol work of work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(Stote)

DATE SIGNED

21. I certify that I attended the deceased from alive on.

and that death occurred at____

Athat I last saw the deceased from the causes and on the date stated above. ADDRESS (Street, city or town, state)

220. BURIAL, CREMATION. REMOVAL (Specify) Burial

ACTUAL SIGNATURE

27b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county) Elizabeth, West Virginia

(Slote)

23. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S NAME (Type)

ADDRESS

rmacost - 4600 Liberty Hghts.

24a. REC'D BY REGISTRAR __ 24b. REGISTRAR'S SIGNATIONS

15M 9/55

may be r 5 FUNER/ m

HOSPITAL

0 0

BUREAU V. S.

NECEDVED 1957



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BUREAU V. &

VS A15ME(5) 5M 9/55

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C	V	f	J	0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08293/

Reg. Dist. No.

	PLACE OF DEATH			2. USUAL RESIDE	NCE (Where deced	ned lived. If institu	tion: Residence	before adm	ission)
	a. COUNTY	Baltimore	MARYLAN	o. STATE	Maryland	b. COUNT	Balt:	More	
	b. CITY OR TOWN (If	autide corporate limits, write RURA	c. LENGTH OF STAY IN 1	c. CITY OR TO	WN (If outside cor	parate limits, write	RURAL and giv	re neorest to	wn)
	Sparrows			Baltin	more	3	YO1 -	U	
			in hospital, give street address)	d. STREET ADD		•			ES DENCE
	Bethlehe	m Steel Co. H	lospital	530 B	rune St.				NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Monti			Year
	(Type or print)	Andre		Jackson	DEATH	8			19 57
	5. SEX	0-7	MARRIED TO NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Day		Min.
	Male		OWED DIVORCED		100 m. at m	56 yrs.			
1	10a. USUAL OCCUPATIO during most of working	ON (Give kind of work done g life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State or foreign	country)	1	OF WHAT	COUNTRY
1	Mould	man	Bethlehem Steel	CO. NOTTE	Carolina		0.	S.A.	
	13. FATHER'S NAME			14. MOTHER'S MA		_			
		, Jackson ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	ie Jackso				
1		(If yes, give war as dates of service)		rs.Ada Jac	kson:Wife	Address Semi			
*				10,2100 000					
		TH {Enter only one cause per TH WAS CAUSED BY:					č	NTERVAL BETWONSET AND DE	ATH
	165100 4	IMMEDIATE CAUSE (b)	Coronary Occlu	sion.					
	4-20.1	DUE TO							
	Conditions, if ar	liote cause (* * * * * * * * * * * * * * * * * * * *						
	(p), stoting the u								
		(c) IER SIGNIFICANT CONDITION	NS CONTR BUTING TO DEATH BU	NOT RELATED TO THE	E TERMINAL DISEAS	SE CONDITION GIV	EN IN PART I(c	1) 19 WAS	AUTOPSY
	PART II. OTH DIA DIA DIA DIA DIA DIA DIA DI	_					,	YES T	NO DE
	E MO. EXTERNAL CAU	ISE WAS TO BE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury	y in Port I or Port I	of item 18)		1	tes.
	PRIMARY OF CON	ALKIBULING [7]							
i	3 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURPED 20e P	LACE OF INJURY (Hom	ne, farm, 20f. (Cit	y or town)	(County))	(Stote)
	20c. TIME OF INJUR	19	While Not while of work at work	ctory, street, office blo	3g., etc.)				
		at I took charge af	the remains described at	oave, held an A	utopsy , I	nspection 🕝,	Inquiry	r, and	find that
	death resulted	fram: Natural caus	es 🔀, Accident 🔲, S	uicide 🔲 , Han	nicide 🗍, U	Indetermined o			
		1 A 8	1	_	_		_		
1	ACTUAL SIGNATURE	VI - 12. 10	tavis_	M.D. CHIEF MED	ICAL EXAMINER	3		DATE	SIGNED
,					MEDICAL EXAMIN	ER 🔂		8-20	0-57
	EXAMINER'S NAME (Type)	M. B. Davis,	M.D.	DEPUTY ME	DICAL EXAMINER	3			
	22g. BURIAL, CREMATIO REMOVAL (Specify)	N, 27b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCA	ATION (City, town,	or county)	(Stol	0)
	Burial	Aug. 25, 1957		netery	Gasto	nia, Nort	h Car	olina	
	23 FUNERAL DIRECTOR	S SENATURE	ADDRESS O		o. REC'D BY PEGIS	4	STRAR'S SIGNA	TURE	6 17
	1 Gracell	11/1/1/2001	Brantto.	- CACALID	R 9910	IL III	iman/	7.01	an lon

BUREAU V. E.

· 1961 88 504

DEALTH

08299 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) g. COUNTY Filed o. STATE b. COUNTY Balto. MARYLAND Md. Bal to. unera b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) О Bal timo re d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 613 Murdock Rd. Armacost Nursing Hom -812 Register Ave. YES NO T NAME OF Lost 4. DATE Manth DECEASED ANNA H. JOHAN SON August 57 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min. Female white WIDOWED | DIVORCED YES. papers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PIIIC Housewi fe at home Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 늏 Herman Wessel Katherine Gehrels IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Guipe Mr. Albert E. Johanson - 613 Murdock Rd. none 18. CAUSE OF DEATH [Enter only one cause per line (of (p)/(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** woold male O - V Level Dis ٥ Ë any Conditions, if any, which gove rise to immediate ě **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO T 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Ø. m. While Not while 19 of work of work p. m. 19 Sthat I last saw the deceased 21. I certify that I attended the deceased from alive on Kand that death accurred at M, from the causes and an the date stated above. DATE SIGNED ACTUAL Charles PHYSICIAN'S Carr ork NAME (Type) FUNER ന 220. BUR AL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) page REMOVAL (Specify) Buria] Loudon Park Cem Balto 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADÓRESS** 1246. PEGISTRAR'S SIGNATURE 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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BECEINED

08300 **CERTIFICATE OF DEATH** Rea. Dist. No director, 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed Baltimore b. COUNTY MARYLAND Marvland Baltimore uneral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) p Rosedale Life Rosedale d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Rosewick Ave. 1507 Rosewick Ave. YES NO THE NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) 1957 August G. Kahler August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours DIVORCED | Male White WIDOWED [YES. papers. cample 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY Tender ond Restaurant Balto. Co. Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician August Kahler Marv Klein 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 218-12-6785 attending Mrs. Elizabeth Kahler 1507 Rosewick Ave. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: emonhage JUIX DUE TO any Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO | 20°C. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (Stote) Hour a. n. factory, street, office bldg., etc.) While Not while p. m. at work of work 21. I certify that I attended the deceased from Chil that I last saw the deceased ... and that death occurred at O PM, from the causes and on the date stated above. alive on ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) TO FUNER 3 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge (State) REMOVAL (Specify) Burial 29.1957 Redeemer Holv Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. &

VACE SO 1021

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08301 **CERTIFICATE OF DEATH** Reg. Dist. with directar 1. PLACE OF DEATH
o. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Filed Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) å RURAL and give negrest town) hould Rosedale vears Rural Rosedale d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6713 Kenwood Avenue YES I NO 5713 Kenwood Avenue NAME OF First Middle 4. DATE Lost Month Dav Year DECEASED OF DEATH (Type or print) 1957 Caroline М Kern 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthday) Months Days Hours Min. DIVORCED [7] WIDOWED IT Female White YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Baltimore U.S.A offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician Frederick h. Wienecke Lillian Murphy remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address none Mr. Joseph F. Kern 6713 Kenwood Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ፟፟፟፟፟፟፟ UNG DUE TO à Conditions, if any, which gove rise to immediate 툂 DUE TO couse (o), stoting the underlying couse last. PAIT II. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Heur a. n. Not while of work of of work 21. I certify that I attended the deceased fram. Athat I last saw the deceased seath accurred at 2.300M, from the causes and an the date stated above. RECTOR: APORESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER ന 220 BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial August 1/1/ Zion Tatheran Co. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b, REGISTRAR'S SIGNATURE, 24g, REC'D BY REGISTRAR 15M 9/55

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BUREAU V. S.

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08302

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	ME	DICAL	CAAMIN	EK 3	CERTIFICA	IE OF	DEATH	Reg. Dis	it, No.
DE COUNTY STATE	1" 107	altemo	THE MARY	LAND	2. USUAL RESIDENCE (V o. STATE MD	Vhere deceas	ed lived. If Institu b. COUNT		nce before admission)
b. CITY OR TOWN (If ou and give neggest lown)	hide corporate limits, write	RURAL C.	LENGTH OF STAY I	N lb	c. CITY OR TOWN (IF	autside con		-	give nearest lown)
CATONS	/ILLE		LIFE		CATONSV	ILLE			
d. NAME OF HOSPITAL	OR INSTITUTION (f not in hospita	I, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
117	WINTERS	AVE.			11. WINTE	RS AVE	.(117)		YES NO
3. NAME OF DECEASED	Fin	ıt .	Middle		Lost	4. DATE	Monii	h	Doy Year
(Type or print)	mie		Ki:	ng		OF DEATH	Auk	ust	2 19 57
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	a. c	ATE OF BIRTH		9 AGE (In years		YEAR IF UNDER 24 HRS
Female	Co1 .	WIDOWED	DIVORCED [Aug. 15, 188	30	76 yrs.	Months C	Days Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work o	done TOb. KING	OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stole	or foreign o	ountry)	12. CITIZ	EN OF WHAT COUNTRY
HOME	domest	ic	Home Duti	es	Marylar	nd		11	.S. A.
13. FATHER'S NAME	442004			1	4. MOTHER'S MAIDEN N			1 0	ADO VO
Per	ry Dorsey				Sidney H	Rennet	t		
15. WAS DECEASED EVER	IN U. S. ARMED FOI		CIAL SECURITY NO.	17. INF	DRMANT		Address		
Yes, no. or unknown) (If	yes, give war ar dates of s	service)		17	rs. Harv Ada	ams 4	2,Bboomi	nodele	R'a
18. CAUSE OF DEATH	Enter only one cau	se per line for	(o), (b), and (c), }			,			INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY	Ac	ute Cardia	ac f	ailure				ONSET AND DEATH
	MEDIATE CAUSE (o)								
Conditions, if any	DUE TO	Car	diovascula	ar di	98888				
gave rise to immedia	te couse		740044		20000				
(0), stating the und									
_) (c).	DITIONS CONT.	PIRUTING TO DEATH	RUT NO	T RELATED TO THE TERM.	NAL DISEASE	CONDITION CIV	ENI INI DADT	V-130 WAS AUTORSY
PART II, OTHER			Martin To GENTIN		TREASED TO THE TENTS	110,0135736	. 20140111011 011	EN IN I AKI	PERFORMED?
20g. EXTERNAL CAUSE	Was lon	h neccore un	NA INTERNATIONAL OCCUPA	250 75.h			77. 163		YES NO
PRIMARY OF CONTI	RIBUTING 🗆	D. DESCRIBE HE	JYV 1880KT OCCUR	CO. (ENR	or noture of injury in Parl	l I or Parl II	atriem 15 j		
	Month, Day, Yea	e Tool IVIII	JRY OCCURRED 120	- 01465	OS BEREIO (III	0.07 (0.07)		4.00	
20c. TIME OF INJURY Hour o. m. p. m.	Monin, Doy, 180	While of work [Not while	factory	OF INJURY (Home, farm , street, office bldg., etc.) 20f. (City	or tawn)	(Caun	1'y) (Slo'e)
21. I certify that	t I taak charge	of the rem	rains described	abave	, held an Autops	y 🔲, Ir	spectioná ,	Inquiry	, and find tha
death resulted for	ram: Natural o	causes 🐔,	Accident [],	Suici	de 🔲, Homicide	T, Ur	determined o	ause 🗍.	hand.
9	1 1	11.	11		-				
ACTUAL SIMMATURE	erm	we is	fler		M.D. CHIEF MEDICAL EX	_			DATE SIGNED
EXAMINER'S NAME (Type)	GEO. S. M.	Kieff	er M. I).	DEPUTY MEDICAL I	31	, —	2,19	57
720 BURIAL CREMATION, REMOYAL (Specify)	22b. DATE THEREO		. NAME OF CEMETER				ION (City, town, i		(State)
Burial	8-5-57		ushey Pa	ark	Cem.	Cook	sville,	Howai	rd Co., Md
23. FUNERAL DIRECTOR'S		nemsle	ADDRESS Y	ddle	24g. REC'I	D BY REGIST	RAR 24b REGIS	STRAR'S SIGN	NATURE

DATE MEG 6: 57

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or removal

Mra.

BUREAU K. E.

DECENALED VIEW

MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exertor. Page 4 should be Reg. Dist. No. cremotian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) e, COUNTY O. STATE b. COUNTY DESIGNATION burial, b. CITY OR TOWN (If cutside corporate times, write RURAL e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11 Buch d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 YES NO I 3. NAME OF First Middle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 19 5 5. SEX 9. AGE (In years) IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH Months Days WIDOWED [DIVORCED T yri. 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo YOL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 haurs Poges 1, age 5 mo poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ANTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus 10 min olong with for buriof-transit p LLOUX DUE TO Conditions, if any, which hrombophlebitis gave rise to immediate cause DUE TO (o), stating the underlying couse lost. pending" in ner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) 50 PERFORMED? NO F none 20a. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. none none 20d. INJURY OCCURRED | 20e PLACE OF INJURY [Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) While Not while the one foctory, street, affice bidg., etc.) 0.00 none none D. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 2. Inquiry X, and find that the Chief / death resulted from: Natural causes to, Accident , Suicide ... Hamicide . Undetermined cause . S DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 8-20-57 ASSISTANT MEDICAL EXAMINER EXAMINER'S Caples, M. D. FUNE DEPUTY MEDICAL EXAMINER [X] NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTÖR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAJURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08299

08394

CERTIFICATE OF DEATH

	Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY
CITY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give necrest town) (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
TOWN COCKEYSVILLE 14 MUTTES	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MASONIC HOME	ADDRESS 4311 BELVEIW AVE
3. NAME OF (First) (Middle) DECEASED HENRY HERMAN H	(RUSE DEATH 8 - 12 - 19 57
5. SEX 6. COLOR OR RACE RACE SPANNINGER, MARRIED, WIDOWED, DIVORCED, (SPANNINGER) 6. COLOR OR RACE SPANNINGER, MARRIED, WIDOWED, DIVORCED, (SPANNINGER)	F BIRTH 10-1882 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) BOOK KEEPER	17. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? S
JOHN KRUSE	14. MOTHER'S MAIDEN NAME MARGARET U'hone
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If Yes, give wer or dates of service) 212-03-0095	A Frank P. Smith Jr., Cockayink
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERT 18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
The state of the s	make thisten
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, G.VING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	culan desenie 6 month
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) 2 1 2 3 4 4 4 4 4 4 4 4 4	?c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
	21, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6 -/	, 19 56., to 8 - 7, 19 5 7., that I last saw the deceased
	4-05 M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) Cochaevilla Md. 8-12-5-7
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR (REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (State)
	ark Cometery Baltimore, Maryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE AUG 1 3 '57 Contraduction	William Cook, Inc. 1217 St. Paul Street

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BUREAU V. &

2961 81 9NV

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND Balton Balton b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and a ve nearest town) Rockdale. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . 15 RESIDENCE ON A FARME YES NO E Milford Swimming Pool 2605 Kenmar Road 3. NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH Elmar Lesher August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER LYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [7] DIVORCED [7] Mala February 11 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? pe Display Dept. Dept. Store Clear Spring. Ed. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmer E. Lesher Sr Maude E. Hull 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address fr. Elmer E. Lesher Sr. 3605 Kenmar Road. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL SETWEEN PART I. DEATH WAS CAUSED BY 4 hrs Drowning MMEDIATE CAUSE (a) DUE TO Conditions, if any, which? gave rise to immediate couse DUE TO (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? none YES NO [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH, 1010 Deceased drowned while swimming. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City oc lawn) factory, street, affice bldg. etc.) ROCKONIE 20c. TIME OF INJURY Month, Day, Year (County) (State) Balto. at work at wark swimming pool ! Balto. . 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [X]. Inquiry X, and find that death resulted from: Natural causes . Accident K. Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 8-28-57 EXAMINER'S D. D. Caples, M. D. DEPUTY MEDICAL EXAMINER [X] NAME (Type) FUNE 22a BURIAL CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) (State) ò REMOVAL (Specify) 0 St. Paule Cemetery Eurial Olear Spring, Kd. 23. FUNERADDIRECTOR'S SIGNATURE 5005 Fark Heights Ave 24s. REC'D BY REGISTRAR 246. REGISTRARIS SIGNATURE VS. ATSMEIS Balto. 15. Md 5M 9/55

EXAMINER: This

MEDICAL

DEPUTY

BUREAU V. A.

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THE N	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08301						
ig i	08306 MARTEARD STATE DELARIMENT OF HEADTH—BADTIMORE, 18						
· # · # # # # # # # # # # # # # # # # #	1. NAME OF DECEASED Reg. Dist. No.						
N. Sand L	(Type or Print) Evelyn Levi OF Aug 6, 1957						
PEN.	8. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COU						
A PT	HOSPITAL OR Relle Farr Old County location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give						
POINT Lh clea	likesville, Laryland X: Baltimore County township						
ext.	Life Yrs. D. STREET ADDRESS (Merural, give location) Pikesville, Belle Farm, Old Court Rd. Md						
Tag and	Female white single MARRIED. 8. DATE OF BIRTH 9. AGE (In years) Norths Days Hours Minches Days Mi						
NOT USE the cause	IOA. USUAL OCCUPATION (Give kind of Susiness OR INDUSTRY HOUSEWORK HOUSEWORK Baltimore, Maryland USA 12. CITIZEN OF WHAT COUNTRY						
- P	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
K-DO Write RDS	George Seldner Lottie Heller						
ORD. CK IN lease	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 yes, give war or dates of service) 16. SOCIAL SECURITY NO. ITS Georgie Feldman, Cambridge, Md						
	18. / 4// CAUSE OF DEATH INTERVAL BETWEEN						
RMANENT RI OR BLUE-BI Physicians:	DISEASE OR CONDITION DIRECTLY						
ANENT SELUE-	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
اسا مداعا	ANTECEDENT CAUSES THE ANTONIO & CHOMING WORLD W.						
Sin Gill	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
THIS PERMANENT arefully sup	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CO CHE CAME CAME CAN SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTI						
VITTE PE C	FOREATION WAS RELATED TO 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? PART I OF PAIN 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? PART I OF PAIN 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? VEC. NO. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY?						
OR tion	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
SE TYPE, informa	22. I certify that (I) (this hospital) attended the deceased from.						
E TYP	and that death occurred at						
EASE Of in	23A. SIGNATURE 23C. ADDRESS 23C. ADDRESS 23C. ADDRESS 23C. ADDRESS 23C. ADDRESS						
PI PI	ATTENDING PHYS. OF MED. DIRECTOR DISTAFF PHYS 17 CHICKIPATEN ASTO & Augus 157						
PI PI PI RTIFIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
第 图	Burial 8-9-57 Baltimore Hebrew Cem Baltimore, Maryland						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR WILL ADMINISTRALLY DAVID R. L'ARTIN. 1962 ULAW ELACE						

DECENAED S

08302 08307 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If sist tution, Residence before admission) COUNTY **b** COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (f outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard, Maryland 6 days Baltimore d NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS . IS RESIDENCE 50 ON A FARM? Veterans Administration Hospital 1015 Renick Court YES NO NAME OF M ddle 4. DATE Year DECEASED OF DEATH (Type or print) WALTER LEWIS 1957 August 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months September 9, 1889 WIDOWED DIVORCED TY Male White 100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Poultry House U.S.A. Baltimore. Md. Butcher 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph F. Lewis Mary Foos 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Clin. Records. Vet. Adm. Hospital. Yes Ft. Howard, Md 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ADENOCARCINOMA OF RECTAL SIGNOID COLON WITH IMMEDIATE CAUSE (o) 8 MONTHS METASTASIS TO LIVER **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19, WAS AUTOPSY PERFORMED? YES A NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, office bldg, etc.) Not while of work of work 21 1 certify that Additional the deceased from August 6 ..., 19.57, to August 12 ..., 19.57 Handsharmon the comments of the control of the co phints because and an the date stated above. ADDRESS (Street, city or fawn, stotal ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo) LAN. M. VAH. Fort Howard. Md. BURIAL CREMATION 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3 Baltimore National Cemetery Baltimore, Maryland Burial 0 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Wm. J. Tickner & Sons. North & Pa. Avenues Baltimore. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1-8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MINISTER!

CERTIFICATE OF DEATH 0830 08309 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Baltimore MARYLAND Marvland Baltimore deoth: b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Hebbyille Hebbyille Life d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7501 Windsor Mill Road. haurs 7501 Windsor Mill Road YES NOX NAME OF First Middle Lost 4. DATE DECEASED C. DEATH August. (Type or print) Margaret 1957 Lowrev 18th/ S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Female White WIDOWED A DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE At home Balto.Co.. Maryland USA corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Havmire Kate Exmire 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Windsor Mill Rd. 7501 9-20-9434 Mrs George Lehr. No Baltimore 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 1122.2 DUE TO Conditions, if any, which gove rise to immediate **DUE 10** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1. 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) o. ft. While Not while of work of work p. m. u 21. I certify that I attended the deceased fram, ...That I last saw the deceased and that death accurred at 3.30 from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL Edmondson Ave. Catonsville. Md PHYSICIAN'S W.E.McGrath NAME (Type) O FUNERA 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stote) REMOVAL (Specify) Burial Mt. Olive Cemeterv Randallstown, Balto.Co., Md. 23. (FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Liberty Heights Avenue

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08311 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY . COUNTY MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outline corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 밀 Julhervillo d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? and YES | NO P 3. NAME OF Middle 4. DATE Manth Day Year DECEASED ano (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (in years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Days Months Hours DIVORCED | WIDOWED R 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bust. 13. FATHER'S NAME 14. MOTHER'S MADEN NAME physici Hove 15. WAS DECEASED EVER IN W/S. ARMED FORCES? 16. SOCIA SECURITY NO. 17. INFORMANT 120 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ? gove rise to immediate **DUE TO** catse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY fHome, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work | of work p. m. 21. I certify that I attended the deceased from that death occurred at 2:00 A.M., from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMAJORY 22d. LOCATION (City, town, or county) (Stote) pode REMOVAL (Specifyly 0 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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			AS A CERTIFICATE OF DEATH					
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To Gir		'	MARYLAND O. STATE DE D. COUNTY					
the second			C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)					
or of blue		_	15altimore.					
aft of s	λ.	١	d. NAME OF HOSPITAL (If not in hospital, give tireet address) d. STREET ADDRESS o is residence on a farm?					
in a		3	NAME OF STATE MORE OF THE MORE					
Illed			NAME OF DEATH ON 19 Doy Year OF DEATH ON 19 19 57					
ilhin Pag	•	5	SEX 16. COTOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS					
ed w			SI MUN DI WIDOWED DIVORCED DIV					
pop Pop	1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or oreing country) 12. CITIZEN OF WHAT COUNTRY?					
and ban er de	- 1	19	FATHER'S NAME					
ote h	1		William John Doland Mon Batron					
mev thou	I)	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT					
as a se		L	125 - Ol itallity 466- war Williams					
deal trenc plea plea within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:					
the d			143 7,0 DUE TO A LANGE CAUSE (a)					
thal by l			Conditions, if ony, which) the Astronomber to the theory beat the three					
uires gned in ai			gove rise to immediate codie (a), stating the under-					
requirements of signature		,	lying coure lost. (c)					
hysic hysic s bec al-tro	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
ng p e ha buric		<u>u. </u>	YES NO 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)					
IAN ficat ficat the		CERTI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Port I or Port II of item 18.)					
cert of cert		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (County) (State)					
this or us		ME	p. m. 19 of work of work					
Affer Affer Ned f			21. I certify that I attended the deceased fram. 1957, to Date, 19 that I last saw the deceased					
TEN The The Day			alive on and 17 1957, and that death occurred at 3 P. M. from the causes and an the date stated above. Appress (Street, city or town, state) DATE SIGNED					
o d D o			SIGNATURE Total Jud and 9 M					
dine of P	- 1		PHYSICIAN'S					
ER S			NAME (Type)					
moy b FUN Page	(13	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (Shorty)					
5 5 g =	(3)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS - TO BY REGISTRAR 246. REGISTRAR'S SIGNATURE					
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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14	CERTIFICATE	OF	DEATH

	Keg. Dist. No.						
1. PLACE OF DEATH COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY						
b. CITY OR TOWN (If autside corporate timits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						
COCKEYSUILLE 20 YEARS	BALTIMORE 3 VOI						
d MASSE OF MOSPITAL III and in hounted give street address?	d STREET ADDRESS e. 15 RESIDENCE						
OR INSTITUTION MASONIC HOME	920 NORTH MONROE ST. YES NO						
3. NAME OF DECEASED (Type or print) HELEN First ELIZABETH	MASK OF DEATH AUG- 22 1957						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 1-7-1875 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Nonths Days Hours Min Months Days Hours Min						
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
during most of working life, even if retired) HOUSEKERPER	MARYLAND U.S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
WILLIAM A- MASK	MARTHA E. KENNY.						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (You, no or unknown) 19 year, give wer or dides of service), — Trank L. Smith J Cocheyeville, No.							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
4 d d . / Due to	ente Japanen 3						
10116	lear deseare gyena						
Canditions, if any, which gave rise to immediate (b)							
couse (o), stating the under-							
lying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1						
206 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port & or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote) ctory, street, effice bldg., etc.)						
21. I certify that I attended the deceased from 6-24	9 , 1950, to 8-21 , 1957, that I last saw the deceased						
	occurred at 7 P. M., from the causes and on the date stated above.						
dive on	ADDRESS (Street, city or town, stole) QATE SIGNED						
SIGNATURE Walter T. Ces	MD Cockeywille Md 8/20/5						
NAME (Type)							
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d LOCATION (City town, or caunty) (Stote)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE							
W - COOK / NC 1219 St PAUL SX DATE AUG 26 57 Paul -1							
COUNTY OF THE PARTY OF THE PART							

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08315 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY 6. COUNTY MARYLAND Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard 291 days Baltimere d NAME OF HOSP TAL (If not in hospitol, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2513 E. Chase Street Veterans Administration Hespital YES NO DO NAME OF 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) WALLAND MC CART August 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DONE B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (n years lost birthday) Months Davi Hours WIDOWED | DIVORCED [Male White papers. 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. carbon Machinist Unemployed Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeseph McCart Barbara Reichert move 15. WAS DECEASEDEVER IN U.S. ARMED FORCESS 116. SOCIAL SECURITY NO. 17. INFORMANT Address 217-16-1845 Clin. Rec. Vets. Admin. Hespital, Fert Heward, Md. Yes WWI 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH CARCINOMA OF LARYNX (SURGICALLY REMOVED) WITH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) METASTASES TO RIGHT PLEURA, RIGHT LUNG, KIDNEIS **MANA** YEARS AND REGIONAL SUBCUTANEOUS TISSUE Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD BY WAS AUTOPSY PERFORMED? YES KINO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour e. m While Not while of work of work abigous conditions the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED 8/16/57 ACTUAL SIGNATURE Veterans Administraten Hespital NAME (Type) CHIEN WEI LAN, M.D. -Rert Meward, Maryland 220. BURIAL CREMATION, 226 DATE/THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimere, Maryland Baltimero National Burial 23. FUNERAL DIRECTOR'S SIGNATORE **ADDRESS** 240 REC'D BY REGISTRAR - AL REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 LEO MARD J. RUCK FUNERAL HOME, 5305 Harford Rd Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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08312 08229 **CERTIFICATE OF DEATH** Rea. Dist. No. ž I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give peorest town) a undal d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF First Middle 4. DATE Mont Day Year DECEASED OF (Type or print) 195 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH AGE (in years lost birthday) Months Doys WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate 1. E **DUE TO** couse (a), stoting the underlying couse lost. CATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🏗 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) foctory, street, office bldg, etc.} While of work of work 21. I certify that I attended the deceased from 1957, that I last saw the deceased and that death From the causes and on the date stated above. DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATIONS 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Slote) abod REMOTERY (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 RECIO SYREGISTRAS 1 220 REGISTRAR'S SIGNATURE **ADDRESS** 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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B. IS RESIDENCE ON A FARM?

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Year

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IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

Nor 19

WAS AUTOPSY PERFORMED? YES INO I'I

(Stote)

(County)

12. CITIZEN OF WHAT COUNTRY?

Months Days

Rea. Dist. No.

M. From the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) (Stote) 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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08318 **CERTIFICATE OF DEATH** Rea, Dist. No of director, filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND the functal should be for hours after death." b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 205 6205 YES T NO (22) NAME OF First Middle 4. DATE Lost Dov Year DIVESTION. OF (Type or print) DEATH 195 within 5 SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours WIDOWED [DIVORCED [popers. yrs. 100 USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and carbon 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 듐 hours remave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MOS **DUE TO** ģ Conditions, if any, which (p) been signed gove rise to immediate in Per **DUE TO** cottse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port III of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0, 61 While Not while ot work of work p. m. 21. I certify that I attended the deceased from 192____that I last saw the deceased and that death occurred at 9/ M, fram the causes and an the date stated above. RECTOR: DATE SIGNED **ACTUAL** SIGNATURI HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 226 DATÉ THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND 1 MA 01813 b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) and give negrest lown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 17 DECEASED (Type or print) DEATH Ultust 7. MARRIED NEVER MARRIED 9. AGE (In years 6. COLOR OR RACE IF UNDER TYPAR IF UNDER 24 HRS. 8. DATE OF BIRTH WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ORE MIN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS **BERFORMED?** YES | NO 🗀 20b. DESCRIBE HOW INJURY OCCURRED LEVer noture of injery in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) (County) (State) Hour Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4. Inquiry 4 and find that death resulted from: Natural causes D. Accident . Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** FUNE NAME (Type) DEPUTY MEDICAL EXAMINER (T) 220 BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) COEEMER ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08321 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY QA, TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give gegrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Last Manth Year DECEASED (Type or print) ... DEATH 19/2 5 SEX 9. AGE (In year) 6. COLOR OF RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TI NEVER MARRIED DATE OF BIRTH Months Days WIDOWED 50 DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? ping most of working life, even if peliced ackinish 13. FATHER'S NAME 14. MOTHER'S MAUDEN NAME IS. WAS DECEASED EVER IN U. S ARMED FORCES? JE SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 120.1 DUE TO Conditions, if ony, which gave rise to immediate DUE TO catse (a), stating the underlying couse last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🗭 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Hame, form, 20f (City or tawn) Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour D. m. Nat while While of work at work p. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased alive an and that death occurred and M, from the causes and on the date stated abave. ADDRESS (Street, city or fown, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURHAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR PREMISORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) DDRES 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 15M 9/55

BUREAU V. E.

MISSELL SEE

15M 9/55

RSOF

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

U,579.

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES NO IN

> > (Stole)

DATE SIGNED

(Stote)

Doys

(County)

.that I last saw the deceased

e. IS RESIDENCE

ON A FARM? YES | NOT

Year

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08319

Reg. Dist. No.

Months

THEFAU V. S.

SECEIVED 1957

7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1832()	ad .
e	CERTIFICATE OF DEATH Reg. Dist. No. 3	8
I director	1. PLACE OF DEATH o. COUNTY DAIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE MD b. COUNTY	in)
funeral uld by	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate-limits, write RURAL and give nearest town)	
rs offer shau	d NAME OF HOSPITAL (If not in hospital, give/street address) OR INSTITUTION 144 MURDER PYES 144 MURDER PYES	FARM?
filled in	3. NAME OF DECEASED (Type or print) NARY E/13/36 F th O'BRIEN DATE Month Day Ye	ear 9 57
€ ÷2	S. SEX 6. COLOR OR RACE 7. MARRIED A VEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 1 ON Months Days Hours 1 On the last birthday) Manths Days Hours 1 On the last birthday 1 On the last birthday Manths Days Hours 1 On the last birthday 1 On the last birthday Manths Days Hours 1 On the last birthday 1 On the last	R 24 HR6 Min,
nd completion popers.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY AND CINCE	COUNTRY?
offer offer	13 FATHER'S NAME / LARKIN 14. MOTHER'S MAIDEN NAME IN GRAM	,
ng physicine remove of 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (19 year, give wor or dates of service) 2/7-65-1727 Nos 10 (1) Year give wor or dates of service) 2/7-65-1727 Nos 10 (1) Year give wor or dates of service)	r ir:Lti:
attending of within 72	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Papellary Cypiaden and Causer and Conset	WEEN DEATH
that the by the sit. The ny even	Conditions, if any, which) 100 Lune and addelanced overtactures of 5 mm	d
requires in signed asit permi	gove rise to immediate course (a), stating the under tying course lost. (c) Sully by Turk Heritanites, Sukayeurland albert 7 miles	
physicial physic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALL PERFORMANCE OF THE PERFO	MED?
AN: Ti	200 ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC all ar ath his certifuse as emation	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While Not while at work of two of of tw	(Stote)
Affer the Affer the formula control, cr	21. I certify that I attended the deceased from 1001/3, 1956, to Aug 10, 1927, that I last saw the dalive an Aug 7, and that death accurred at 16 HM, from the causes and an the date stated	
A ATER d by the ECTOR or to bu	1	re signed
retoine Strong pri	PHYSICIAN'S NAME (Type)	
may be page 3 the regis	220 KIPAL CREMATION, 226, DATE THEREOF 22c. NAME OF CONFETERY OF CREMATION (LOCATION (City Lown, or country), (State)	L
VS A1S (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE OF 1 4 19 - Makel Hours	
	118 W. Mit. Kayallar	

DECENTED STA

RUREAU V. L.

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e. IS RESIDENCE

ON A FARM

YES NO TO

Yeo

10

Rea. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN UNKNOWN

2 YEARS

PERFORMED? YES NO 🗌

(Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY? U. S. A.

Davs

(County)

Month

Home 237 Fort Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08325 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) MARYLAND MARYLAND c. LENGTH OF STAY IN 16 81 DAYS Middle FRANCIS PODZIMEK A. B DATE OF BIRTH

b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) FORT HOWARD BALTIMORE d NAME OF HOSP, TAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? 1216 N. BRADFORD STREET VETERANS ADMINISTRATION HOSPITAL YES NO NAME OF 4. DATE Yeor DECEASED OF DEATH AUGUST 57 (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years lost birthdoy) Months. Hours MALE WHITE DIVORCED [7 APRIL 19. 1924 WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. MARYTAND INVENTORY CLERK 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME HELEN HRADSKY WENCESLAUS PODZIMEK 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CLIN. REC. VET. ADM. HOSP. FT. HOWARD, Md. 21.6-14-4559 CAUSE OF DEATH [Enter only one couse per line for [o] (b), and (c)] INTERVAL BETWEEN UNKNOWN PART I. DEATH WAS CAUSED BY: MESENTERIC THROMBOSIS IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? INTESTINAL POLYPOSIS DURATION UNKNOWN YES NO î 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Hour 9. m While Not while at work of work 21. I certify that attended the deceased from May 24. 57 to August 16. 1957 Markets proportion and the second se The National Control of the design of the de ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL VAH. Fert Howard. Maryland 8-16-57 PHYSICIAN'S Lawrence Fleisher M.D. VAH. Fort Howard, Maryland 8-16-5 NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial Baltimore. Holv Redeemer Cemeterv Maryland

08323

Reg. Dist. No

246 REGISTRAR S SIGNATURE

240 REC'D BY REGISTRAR

b. COUNTY

filed 8 ploods offer physician ģ OUY g Q FUNER FUNER 0

1. PLACE OF DEATH

S. COUNTY BALTIMORE

23 FUNERAL DIRECTOR'S SIGNATURE

Philip E. Cyach, 2716-18 E. Monument St.

Baltimore, Maryland

BUREAU V. S.

SECENTED STATES

22c. NAME OF CEMETERY OR CREMATORY

Hartord Road

22d. LOCATION (City Town, or county)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

(State)

FUNER 0

220 BURIAL CREMATION, 226 DATE THEREOF

Buria

23 FUNERAL DIRECTOR'S SIGNATURE



7861 88 98V



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

VOC 14 195.

BECEINED

	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		CERTIFICATE OF DEATH Reg. Dist. No. 1832 //
Poge director		1. PLACE OF DEATH o. COUNTY BALT (ne) COUNTY BALT (ne)
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
the fu	20	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frau Manay Servece 2604 GRAT MANIS PTERR, YES NO [
Ped in		3. NAME OF DECEASED (Type or print) TINGN E Middle Lost 4. DATE OF DEATH REGIST 20 19 5
within Page		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS Jost birthdof) Months Days Hours Min.
comple popers	儿	10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) MARTIAL AIR. WILLYS BUSINESS W. Q.
te be e		13. FATHER'S NAME DEROCKS 14. MOTHER'S MAIDEN NAME MINNIE LANGES DO 15. PATHER'S NAME MINNIE LANGES DO 16. MOTHER'S MAIDEN NAME
physic remave 2 hours		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address (Yet no or unknown) (If yes, give wor or daries of service) Robt. H. Puchfit SAME
attending please within 7	NOTATION OF	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART J. DEATH WAS CAUSED BY: ONSET AND DEATH
by the		1999 DUE TO Conditions, if any, which) (b) UNDERNOLISISBMONT
equires an. signed iit perm		gove rise to immediate couse (a), stating the under- lying cause lost. (c) Beneralized Carcino ma 70515 8 month
physicio as been ial-trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A JTOPSY PERFORMED? YES NO
LAN: The ending fileate he bur the bur rem		
PHYSIC of or off his certi use as emotion,		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. P. m. 19 While Not while at work of work 19 of work
After the formula criol, criol		21. I certify that I attended the deceased fram March 10, 195, to Lug 25, 195, that I last saw the deceased alive on Lug 17, 195, and that death occurred at
A ATTER d by the RECTOR be deto for to bu		ACTUAL Graldo Bours M.D. 2903 in Wood well do
Stror pr		PHYSICIAN'S OSVO IDO BERRIOS ND. 8/25
may be page 3 s		220. BURIAL, CREMATION. 176. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City town, or county) (Stople)
VS A15 (4)		ADDRESS SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE
	t.	



BUREAU V

				HE DEPAKIM	ENT OF HEALTH	1—BALIIMO	KE, 18	0832	6 /
		0.8	3328	CERTIFICA	ATE OF DEATH	1	Reg. I	Dist. No.	4
) 1.	PLACE OF DEATH a. COUNTY Baltimor	e County		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		f institution: Resid COUNTY timore	lence before ad	mission)
		(If outside carporate limit	ts, write c. LEN	NGTH OF STAY IN 16	c. CITY OR TOWN (IF o			d give nearest I	lawn)
-	Rural	Fullerton		Life		Fullerton_	X :.		
2)	OR INSTITUTION	ITAL (If not in hospital, g	ive street address)	d. STREET ADDRESS 8321 Belair	Road	1	0	RESIDENCI N A FARM NO [
3	NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE OF	Month	Day	Year
	(Type or print)	Louisa		Agness	Raab	DEATH	88	12	1957
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (last bi	rthday) Months	ER 1 YEAR IF U	
1 -	Female	White	WIDOWED X	DIVORCED	11/28/1862	9	1 yrs.		
), 10	On USUAL OCCUPAT during most of wo	ION (Give kind of work or rking life, even if retired)	dane 10b. KIND (OF BUSINESS OR INDU:	STRY 11. 8IRTHPLACE (State	ar foreign country)	12. (CITIZEN OF WI	HAT COU
ノル	Housewif			nusewife	Baltimo	re		U.S.A	
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN F	NAME			
	Anton	Paul			Agnes				
	S. WAS DECEASED EV	ER IN U. S. ARMED FOR		L SECURITY NO. 17. I	NFORMANT		Address		
_ `	no	(1.) 1. 1. 1. 1. 1. 1. 1.	non	ne Mo	c. Henry A. Ra	aab 832	l Belair	Road	
-		ATH [Enler only one co						INTERVAL	L BETWEE
		ATH WAS CAUSED BY:		rongev a	intery di	Seuse		ONSET A	ND DEAT
	1.40.i	DUE TO	_	1		200			
	Canditions, if	many subtable Y	4 4	teriosci	PHASIC				
	gave rise to	immediate (<u> </u>	<u> </u>		-		
	lying cause lost	a me ander-							
7		- 19		BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PA	APT 1(a) 19. W.	AS AUTO
, SEA								PE	RFORMED NO
		AS UNDERLYING C	20b. DESCRIBE H	OW INTURY OCCURRE			70.	163	LI NO
					D. (Enter nature of injury in I	Part I ar Part II at iter	n 18.1		
701312030	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINERS		TOTAL MEDIA OCCURRE	D. (Enter nature of injury in	Part I ar Part II of iter	n 18.)		
CEDYIEL		Y MEDICAL EXAMINER)	ar 20d. INTURY					(Country)	IE.
CEDYIEL	20c. TIME OF INJU	Y MEDICAL EXAMINER)	While N	OCCURRED 20e. PL	D. (Enter nature of injury in land) ACE OF INJURY (Home, farm chary, street, office bldg., etc.)	20f. (City or town)		(County)	(51
	20c. TIME OF INJU Hour a. p. p. m.	Y MEDICAL EXAMINER) RY Manth, Day, Yeo 19	While N at work a	OCCURRED 20e. PL lot while t work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)			
CEDYIEL	20c. TIME OF INJU- Hour a. p. p. m. 21, t certify	Y MEDICAL EXAMINER)	While N at work a	OCCURRED 20e. PL for while twork 200.	ACE OF INJURY (Home, farm chary, street, office bldg., etc.	20f. (City or town)	19.5.7,that	Hast saw t	he dece
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CEDYIEL	20c. TIME OF INJU- Hour a. ji. p. m. 21. t certify t	Y MEDICAL EXAMINER) RY Manth, Day, Yeo 19	While N at work a	OCCURRED 20e. PL for while twork 200.	ACE OF INJURY IHome, farm chary, street, office bldg., etc., 19 4, ta., accurred at 3 4	20f. (City or town)	19.5.7.that	Hast saw t	he dece
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MEDICAL CERTIFIC	20c. TIME OF INJU- Hour a. p. P. m. 21. I certify I alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	MEDICAL EXAMINER) IRY Manth, Day, Yec 19 that I attended the	while at work at deceased from 19 57	OCCURRED 20e. PL for while twork 200.	ACE OF INJURY IHome, farm chary, street, office bldg., etc., 19 4, ta., accurred at 3 4	20f. (City or fown)	19.5.7.that	Hast saw t	he dece
MEDICAL CERTIFIC	20c. TIME OF INJU- Hour a, p. p. m. 21. I certify I alive an A SIGNATURE PHYSICIAN'S NAME (Type)	MEDICAL EXAMINER) IRY Manth, Day, Yec 19 that I attended the M. G. G. R. D. C. C. ON, 1225. DATE THEREO	while at work at deceased from 19.57	OCCURRED 20e. PL for while a contract to work a contract to the contract to th	ACE OF INJURY (Home, farm chary, street, office bldg., etc., 19 4, ta accurred at 4	20f. (City or fown)	19.5 Z, that auses and an or lown, state)	I last saw the the date st	
MENCAL CEPTER	20c. TIME OF INJU- Hour a. p. p. m. 21. t certify to alive an Actual Signature Physician's NAME (Type) 20 BURIAL, CREMATIRE MOVAL (Specific Burial)	MEDICAL EXAMINER) IRY Manth, Day, Yec 19 that I attended the 19 R Donald On, 22b. Date Thereo 8/16/5	while at work at deceased from 19 57	occurred 20e. Put for while and that death	ACE OF INJURY Home, farm chary, street, office bldg., etc. 19 TI, ta accurred at 3 II. M.D. 10 77 Har	20f. (City or rown) 20f. (City or rown) 21.1 M. fram the c. ADDRESS (Street, city fand) d	19.5 Z, that auses and an or lown, state)	I last sow the the date st	he dece
N MENICAL CERTIFIC	20c. TIME OF INJU- Hour a. p. p. m. 21. t certify to alive an ali	MEDICAL EXAMINER) IRY Manth, Day, Yec 19 that I attended the 19 R Donald On, 22b. Date Thereo 8/16/5	while of work of deceased from 19 57	OCCURRED 20e. PL	ACE OF INJURY Home, farm ctory, street, office bldg., etc., 19 T. ta., accurred at 3 T. M.D. 4077 Har	20f. (City or fown) 20f. (City or fown) 20f. (City or fown) A fram the co ADDRESS (Street, city Cond Location (City Baltime	1957, that auses and an or town, state) Built 19	I last saw the date st	he dece lated al DATE SI

BUREAU V. &

DECENALLY 1951

VS A15 (4) 15M 9/55 1, PLACE OF DEATH

NAME OF DECEASED

(Type or print

10a, USUAL OCCUPATION during most of world

15 WAS DECEASED EVER

13. FATHER'S NAME

b. CITY OR TOWN (IF RURAL and give per

d. NAME OF HOSPITA OR INSTITUTION

	ENT OF HEALTH—BALTIMORE, 18	08328
08329 CERTIFICA	ATE OF DEATH Reg.	Dist. No.
alternail MARYLAND	2. USUAL RESIDENCE (White deceased lived. If institution: Resi	dence before admission)
outside corporate limits write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN III outside corporate limits, write RURAL or	nd give nearest town)
Left not in hospital, give street oddress)	611 Whitelock St.	e. 15 RESIDENCE ON A FARM? YES NO
mamin Roffel	2 Lost 4. DATE OF DEATH CLUG.	7/5/19
WHATE WIDOWED DIVORCED	The bill year loss birthday Month	Days Hours Min
N (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF STREET	STRY 11. BIRTHPIACE State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
rail Reffel	ASSA SEALLSON	
IN U. S ARMED FORCES AS SOCIAL SECURITY NO 17-190, give wor or dotal of services	NEORNANT Raffel -611 MI	litetock St.
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y, which had been seen and the seen seen seen seen seen seen seen se		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH REDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)

18. CAUSE OF DEAT PART I. DEAT X Conditions, if an gove rise to in couse (o), stoting fl lying couse lost. CERTIFICATION PART II OTHI 200 ACCIDENT WAS UF EITHER, NOTIFY 20c. TIME OF INJURY Hour o.m. of work of wark p. m. 19-7, that I last saw the deceased 21. I certify that I attended the deceased from 1150 A.M. from the causes and an the date stated above. alive on_ and that death accurred at ADDRESS (Street, city or town, state), DATE SIGNED ACTUAL SIGNATURE Milton B. Kirsh, M.D. NAME (Type) 270 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City down, or county) 22c. NAME OF CEMETERY OF CREMATOR (State) 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BUREAU V. L.

NG 1325

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08330 CERTIFICATE OF DEATH Rea Dist No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) d COUNTY D STATE b. COUNTY MARYLAND Baltimore County Maryl and timore after death. pro b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) è RURAL and give negrest town! ponid Kingsville Rural vears Rural Kingsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS - IS RESIDENCE ON A FARMS Sunshine Avenue YES NO THE Kingsville Sunshine Avenue Kingsville NAME OF First Miridia Leut 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 8 Augusta Rode 1957 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R DATE OF RIPTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Mile DIVORCED [complet WIDOWED IT Female papers. White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY death. puo pou Housewife Housewife Germany II.S.A ofter (13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202 William Emmart haurs Augusta Sachs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes on or unknown) (If yes, give wor or dates of service) ending Ritchie Sunshine Ave. Kingsville. none 18. CAUSE OF DEATH [Enter only one couse per line for (g)] (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) lan M. d.D.O DUE TO that ģ γuc Conditions, if any, which it permit gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? YES | NO IT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour e. n. factory, street, office bldg., etc.) While Not while p. m. at work ol work 21. I certify that I attended the deceased from ...that I last saw the deceased that death occurred from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PROPERTY NAME (Type) may be 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) Burial Baltimore Cemetery Baltimore City Maryland 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** PAD REC'T BY REGISTRAR 246. REGISTRAR SIGNATURE VS A15 [4] 15M 9/55

BUREAU V. S.

VNG 12 1825



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08331 IFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY C STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) ŎR (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRES 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Year) (Day) DECEASED (Type or Print) (DEATH 1957 WHOWED, MARRIED, 6. COLORIOR DATE OF BIRTH 9. AGE last hirthday A under I year If under 24 hrs. Months | Days | Hours | Min. RACE (Specify) // 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life even if retired) NOUSTRY COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗆 No 🗆 21. ACCIDENT OF office bidg., etc.) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) (Specify) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whlie at Not While Work At work INJURY 26, 19 that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on... ADDRESS SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, GREMATION NAME OF OR CREMATORY LOCATION (City, town, or county) (State) REMOVAE (Specify) REGISTRAR'S SIGNATURE 24. FUNERAB DIRECTOR ADDRESS

of information carefully death clearly and legibly

826

Supply every item write the causes of c INK. please PLAINLY, WITH UNFADING is especially important. Physicians: MARGIN

VS.

WRITE

PLEASE

DECEIVED AND

BUREAU V. S.

Reg. Dist. No.

31

1.	PLACE OF DEATH o. COUNTY	Baltimore	Cour	aty MARY	AND	2. USUAL RESIDENCE (* o. STATE Mar	Where deceased	lived If institution b. COUNTY	Residence be Balt		
	b. CITY OR TOWN (IF RURAL and give no Rural -		s, write	Life	N 15	c. CITY OR TOWN (I	Mary		AL and give n	iearest to	own)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ve street o	oddress)		d. STREET ADDRESS				ON	RESIDENCE I A FARM?
3	NAME OF DECEASED (Type or print)	fin Mar ga		Middle Love		Rupp	4. DATE OF DEATH	Month		Day	Year
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	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the 9/3/6 COMAL HOMAS	- 19 5	~7		1950, to accurred at /	M, from	the causes and the city or toyn, state	an the d		
	BURIAL CREMATION REMOVAL (Specify) BUT121 DIFFERENCE OF STREET OF	Aug. 19,	195	Worthin	gtor	Cemetery		more Cor	unty.	Mar	yland



100 July 1025



Harford Rd Baltimore 11 PME

Wm. Cook-Blight. Tric 6009

RICHARD SPABACCINO, 499 WASHINGTON AVE., BRIDGEPORT, CONN.

BUREAU V. S.

DECEIVED S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18() CERTIFICATE OF DEATH Reg. Dist. No. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: COUNTY Baltimore STATE CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN Rural: Towson caref and (If rural give location) HOSPITAL OR STREET Eudowood Sanatorium ADDRESS INSTITUTION OR STREET ADDRESS Towson 4. Maryland early information 4. DATE 3. NAME OF (Month) (Day) (Year) (Last) (First) (Middle) DECEASED: OF SCHEININ 24 긍 PHILLIP DEATH: (Type or Print) last birthday: If UNDER I YEAR | 1º UNDER 24 HRS. 8. DATE OF BIRTH: death 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED. Days Hours RACE: Months (Specify): II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION Give kind of COUNTRY? INDUSTRY: work done during most of working life, item FORBINDING even if retired): 14. MOTHER'S 13. FATHER'S NAME can ery 64 15 WAS DECEASED OVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 17. INFORMANT & ADDRESS: Personal History Supply write th Hospital Records, Eudowood Sanatorium service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death INK. (a) ... Immediate cause DUE TO ADING Antecedent causes (s) Physicians; Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No D (COUNTY) (STATE) (CITY OR TOWN) ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE INLY, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? Not While especiall While at ₹ INJURY Work [At Work That I last saw the deceased 22. I hereby certify that I attended the deceased from . 7 کی 19 [2] o A-M from the causes and on the date stated above. . 7, and that death occurred at WRIT (Degree or title) ADDRESS Eudowood Sanatorium - Towson 4. Mary land LOCATION Lity, town, or county) NAME OF CEMETERY OR CREMATORY 强 A2 REGISTRAR'S STENANTIRE PLE.

BUREAU V. 2

SECEINED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08335 CER

CERTIFICATE OF DEATH

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ī	PLACE OF DEATH				- 11	USUAL RESIDENCE (V	Where deceas	ed lived If institut		befare a	dmission)
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3	. NAME OF	Fin		Middle	***************************************	Last	4. DATE	Mai	nth	Day	Year
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	Soldie	r	U	S. Govern	ment	Balti	more.	Maryland	i u.	S.A	
1:	3. FATHER'S NAME	-			1.	MOTHER'S MAIDEN	I NAME				
L	John S	chmidt, Sr.				Lilli	an Sie	ebert			
1	5. WAS DECEASED EVER	R IN U. S ARMED FOR		SOCIAL SECURITY NO	17 INFO	RMANT			iress	How	ard, I'd
T.	Yes	in yes, give war ar acres or se	VICE] Z/	4-26-816	Clan	Rec. Ve	+ 4-3-	inistrat:	dan Mas		
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CEBTIEICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			,-			,			
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Н	ACTUAL	ILLU WE	1 0	tall		VAH Ft.	U~~~~d	Wa			8/21/67
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5	20 BURIAL CREMATION	N. 22b DATE THEREO	Hita II	ZZc. NAME OF CEMET	BV 60 60	VAHFI					-0/21/5
- 14	REMOVAL (Specify)		00	226. NAME OF CEMEIL	ERY OR CR	EMATORY	728. LOC	ATION (City, lawn,	ar county)		(State)
	Burial	AUG 23	-145	Raltimore	Nati	onel CEM	B.	ltimore	Maryla	nd_	
2:	3 FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		24a. RE	C'D BY REGIS		STRAR'S SIGN	FATURES	1-0
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08336 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a COUNTY YLAND . COUNTY BALTIMORE frled MARYLAND IMORE erol b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OWSON d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE ON A FARM? LENAPM ROAD YES NO T haurs 3. NAME OF 4. DATE Yeor (Type or print) MARY SOPHIE DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8. DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS last birthday) Months FEMALE Hours WIDOWED | DIVORCED 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? death during most of warking life, even if retired) puo HOUSE WORK ofter 13 FATHER'S NAME physician GRANDRATH HUGUST ELIZABETH 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SISTER M. PETER FOURIER 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) 7000 DUE TO Conditions, if any, which gove rise to immediate DUE TO casse (a), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Nat while of work of work UGUST 1957, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at T. A. M. from the causes and on the date stated above. ECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE **FO HOSPITAL** PHYSICIAN'S NAME (Type) FUNER 22Ь. BUR AL, CREMATION. 22d. LOCATION (City, town, or county) (Stote) pode 9 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE **VS A1S (4)** 15M 9/SS

AUG 12 1957

1				MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	08336.	
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Page 4 director, led with	10		1, 6	COUNTY Ballimor MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY 3	nce before admission)	
death.	1		ě	c LENGTH OF STAY IN 1b RURAL and give nearest fown; Randellstown, Haryland about 5 days	CITTOR JOWN (If outside corporate limits, write RURAL and	give nearest (man)	
ors offer	. 7	» }	•	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Wards Chapel Rd.	1310 asquetto st.	ON A FARM? YES NO N	
filled ges 1			- (NAME OF DECEASED Type or print) Willeam Aiddle	Ruman DEATH august	Doy Year / 195-7	
etely Face	Ser a		5 .5	male white WIDOWED DIVORCED []	10-22-1893 tost offridays Months	9	
e executed and compl son papers ir death.			71	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, every if refired) R.R. Express	Germany	ITIZEN OF WHAT COUNTRY?	
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h certificat ling physici se remove n 72 hours		0	15.	No ("Transfer was or do so of sorred 7/4-03-400 ff)	ndrew J. Schuman -33:	338/ppa(2	
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ed by I		/		ACTUAL Ray Column	ADDRESS (Street, city or town, state) M.D. 5907 Huggin Oak	DATE SIGNED	
PITAL C e retoin E			22	PHYSICIAN'S LEON ASHMAN	Balto, 7, mf.		
May b O FUNI page			丛	BURIAL CREMATION 226. DATE THEREOF 20. NAME OF CEMETERY OF CHAPTERY OF CHAPTER	moral Gardons-Bel Cin	mcl.	
VS A15 [4] 15M 9/53	22		23.	Leong Puth me	DATE AUG 5	mother ling	
				(1) 1735 Haufor	zure.	2	

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AUG 5 ,

SUREAU V. S.

MARYLAND 08338 CERTIFICATE OF DEATH 122 Raga. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland Baltimore b. CITY OR TOWN Of outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) fetime Pikesvil Pikesville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION YES NO Sudbrook Lane NAME OF 4. DATE First Middle Last Month Day Year DECEASED OF DEATH 1957 (Type ar print) Fannie Shi n1 ev Frances August IF UNDER 1 YEAR! IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last birthday) Months Hours Min DIVORCED T WIDOWED X Pemale yrs papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. eslady retail store Maryland carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Garrish Kathrine mave Lorev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Pikesville 0-2040 MrE.Glen Sudbrook Lane 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ū. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ij. any Canditians, if any, which (b) gave rise to immediate ped DUE TO coese (a), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO DE CERTIFL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. factory, street, office bldg., etc.) While Not while of work E at work p. m 21. I certify that I ottended the decéased from ... 19-2-Z, that I last saw the deceased and that deoth accurred at olive on__ M. from the couses and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) Miller.M.D ames may be poge 3 s 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Burial Stone Pikesv1 28 Chapel Cemetery Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGIST/KAR'S SIGNATURE VS A15 (4) 15M 9/55

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EUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WIREAU V. S.

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VE A15 (4)	D.	33	FUNERAL DIRECTOR	S SIGNATURE	Sb ^	DDRESS	1 Proper	D SY-REGISTS	AR 24h, REGIS	TRAR'S SIGN	ATURE	# 1
VS A1S (4) 15M 9/55	7/	14	KALOHI M	receiver	5 /lew	Truelle	m la bate	1 0	USA/Ja	inso	W.V.	refer
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CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tiged. If institution: Residence before admission) a. COUNTY o. STATE filed. b. COUNTY MARYLAND arol o b. CITY OR TOWN (If outside corporate limits, white c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate) mas, write RURAL and give nearest town) RURAL and give nearest town) 밀 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle DATE Year Day DECEASED (Type or print) DÉATH 19.(6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) 66 yrs Months Days Hours Jan.12,1891 Min WIDOWED IX DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) BHTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY! gug carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate IS. WAS DECEASED EVER HY U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (st), (b), and INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which] (b) gave rise to immediate ě **DUE TO** cause (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.] Haur a. p. While Not while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred at 11. 1007M, fram the causes and an the date stated above. **DATE SIGNED** ACTUAL PHYSICIAN'S NAME (Type) FUNER age 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) page (State) REMOVAL (Specify) YOL Methodist Burisi Cockeysville . Md . 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) J.F. Eline & Sons, Reisterstown, Md. ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()8341
FOR STATE	(8233 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE [Where deceased lived If institution: Residence before admission] a. STATE MARYLAND A STATE
or Files	D CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
reck ir you ird o	Dundalk d. NAME OF HOSPITAL OR INSTITUT ON (15 not in hospital, give street oddress) d. STREET ADDRESS Tells RE DEN'T
	1920 Crafton Ave. 1920 Crafton Ave.
dan	3. NAME OF DECEASED (Type or print) Willard R. Snyder DEATH Aug. 29 19 57
and be may be with it	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Male White WIDOWED DIVORCED Feb. 18,1905 9 AGE (In years) IF UNDER 1YEAR IF UNDER 24 15K
Poge 5	10d. USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUS NESS OF INDUSTRY 11. BIRTHPLACE (Stote or toreign country) Daniple Carrier Standard Oil Co. Dixon City-Pa. U.S.A.
PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3 PM3	John Snyder Fllen Neyers
Give I form file ony eve	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (I year, gives word or deless of service) 149-09-5249 ht. Emma Snyder-1920 Crafton Ave.
xecute the certificate, writing the word "pending" in pencil in Item. I should awarded to the Chief Medical Examiner's Office along FUNEX ORECTOR: Page 3 should be used as a burial-transit per its designated agent, prior to burial, cremation, or removal, and it is designated agent, prior to burial, cremation, or removal, and its designated agent.	18. CAUSE OF DEATH [Enter only one couse per line fet of, (b), ond (c) PART 1. DEATH WAS CAUSE BY: DILETO CONDITION, If any, which gove file to immediate cause (a), storing, the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED (Enter notings of injury in Part 1 or Part 11 or Par
2 A15ME 5M 2/57 *	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Miller Inc.—2431 E. Oliver St. DAME P 3

BUREAU V. E.

DECEINED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 15M 9/55

		08342	LAND	CERTIFIC	ATE OF	DEATH	1—8AL {	IIMOKE, I	Reg. Dist	342	44
ŀ	1. PLACE OF DEATH				2. USUAL RES	SIDENCE (Wh	era decease	hved. If institute			Imussion)
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	3. NAME OF DECEASED	Fi	ref	Middle	le	ost	4. DATE OF	Man	th	Doy	Year
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1	ACTUAL SIGNATURE	to all	` }	20000	C.	-20 N	AUDICESS ISI	reet, city or town,	state)	had	G 100
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	PHYSICIAN'S NAME (Type)	lames /	. /	lleans							
1	220. BURIAL, CREMATIC	N, 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)	((State)
	Removal (Specify)		1957	Laurel Hill	l.		Colu	mbia, Pa	•		
	23. FUNERAL DIRECTOR			ADDRESS		24a. REC'E	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	4. 1
F	Ultrich Fu	neral Home	4210	Belair Road.		DATE 8	2015	Sa	ween	Z.0	Turbery

UNEAU V. S.

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		Ballymers Mit ma Ballo city
	-	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town)
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		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM?
7 3	C	ollege Manos (ged Home 4308 Stanwood are: YES NO
		NAME OF Lost DECEASED First Month Day Year
		(Type or print) Withur D. Swan DEATH Wigner. 1 1957
	5. 5	1 In the state of
		male white widowed . Divorced 1000, 8-1008 64 yrs. 9 23
1	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
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1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
1)	CAT	Denerale d'artero galerosis
	CERTIFICATION	20s. ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18) OR CONTRIBUTING (1) CAUSE OF DEATH
		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State)
	MED	Hour o. m. While Not while of work of two
		21. I certify that I attended the deceased fram 10-28, 1954, to present, 1957 that I last saw the deceased
		alive an 7/31, and that death accurred at 4. A. M. from the causes and an the date stated above.
		ADDRESS (Street, City or Idwn, state) DATE SIGNED
		SIGNATURE Times (Fram M.D. (() M. Calout St - 2
		PHYSICIAN'S GRIJGST CIS'ROUIU
	220	BURIAL, CREMATION, 22b. DATE THE PEOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) [Stole]
		REMOVAL Specify 8/2/57 Louison Park Balto Mic-
	23.	FUNERAL DIRECTOR'S SIGNATURE 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	Much Funeral Homes Bato Ma la AUG 5 57 (126 -1

may be retained by the hospital or ottending physician.

TO FUNERAL DIFFERENCE After this certificate has been signed by the attending physician and completely filled it is the funeral director, page 3 stated by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 mg Thould be filed with the registraf priar to burial, cremation, or remavol, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) ISM 9/SS

TOEDA ETT

100 B 1957

JEEVN X. E

REAU V. R.

08345 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6 COUNTY BALIZ MARYLAND b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give gegrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 102 YES TO NO FE NAME OF 4. DATE OF DEATH Middle Day Year DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED IP DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if relired) 12 CITIZEN OF WHAT COUNTRY? carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TKDMAS TAYLOR IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARCINOMA DUE TO Conditions, if ony, which permit. (b) gove rise to immediate DUE TO covie (a), stating the underlying couse fost (c) PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 7 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY I Home, form, 20f. (City or lown) Year (County) (State) factory, street, office bldg., atc.) o. m. Not while of work of work 21. I certify that I attended the deceased fram. 19.3. Ithat I last saw the deceased and that death accurred at 7.15 A.A., fram the causes and an the date stated above. PHYSICIAN'S NAME (Type) HOSPIT FUNER 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town. (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'S SY REGISTRAR 24b. REGISTRAR S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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1	F	O A!	R LT	ST H
R: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please	3" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page	Examinal's Office along with form PM3. Page 5 may be relay from your files D	be used as a burial-transit permit. File pages I god 2 with the Std Tord of Health, I N	nation, or removal, and in any event within 72 hours ofter death
iR: This certificate	d "pend	Chief Medical Ex	3 should be used	it, priar to burial, cremation
MEDICAL EXAMINE	the certificate, writing the wan	arworded to the	DIRECTOR: Page	ignated agent, priar
T	40	-	d	Ser

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ATE DEPT .. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b countaine Arundel a. STATMaryland MARYLAND Baltimore b. CiTY OR TOWN (If oviside corporals limits with RURA) c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town). Catonsville 1 mo. 17 davs Millersville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS Spring Grove State Hospital 3. NAME OF Middle 4. DATE Lost Month DECEASED OF H. (Type or print) John DEATH 8 Thomas 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8 DATE OF SIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS Months | Days 70 yrs. WIDOWED [DIVORCED TO 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHP.ACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Farmer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service). Records of Spring Grove State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease. IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or fown) factory, street, office bidg , etc.) Hour a. m. While Not while of work of work D. 71. 21. 1 certify that I tack charge of the remains described above, held an Autapsy [], Inspection [], Inquiry [opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Geo. S. M. Ki shoul FUNE 270 BURIAL CREMATION 1276 DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] REMOVAL (Spe fy Glen Purnie 0 Cometery ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

CN & FARIS

YES TO NO

Year

19 57

Hours

DISET AND DEATH

Years

(County)

DATE

PERFORMED? NO F

(Stote)

and in my

DATE SIGNED

VS A15ME 5M 2 57

BUREAU V. E.

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08234 CERTIFICATE OF DEATH Reg. Dist. No. I' PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 5. COUNTY MADVI AND Baltimore Maryland b. CITY OR TOWN (If outside cornorate limits, write C LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) NI. Yra. О Dundalk Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OP INSTITUTION ON A FARM? 118 Williams Avenue 118 Williams Avenue YES I NOX NAME OF 4. DATE First Middle Inst Design Year OF DEATH (Type or orint) AMIHT W. ALBERT SR. August 1957 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) Months Days Min Male White WIDOWED [7] DIVORCED T 62 popers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY death. proprietor tea room Baltimore USA gud carban 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Willis Thume Bechtold Louise 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INSORMANT 16. SOCIAL SECURITY NO. Address 9-20-6068 Elizabeth Thuma-118 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 15 7 2 4 1 DUE TO Conditions, if ony, which permit. gave rise to immediate DUE TO couse (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0). 19 WAS AUTOPSY PERFORMEDI YES TI NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Year (County) (Stote) factory, street, office bldg., etc.) g. n. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased fram 1957 that I last saw the deceased and that death occurred at. L.M. from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BUR AL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) oudon Park Cemetery Rol timore 0 24 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR INC. Baltimore. H. SANDER & SONS. 15M 9/55



BUREAU V. 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08347 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY be filed b. COUNTY MARYLAND Baltimore Md. Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Long Beach Long Beach d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS a IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K Chesapeake Avenue 4. DATE NAME OF First Middle Day Year DECEASED OF HARRY TROST 19 57 (Type or print) Aug. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 5. SEX Months Days July 19. 1886 white WIDOWED | DIVORCED [male 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? retired Own Tavern Baltimore. pup corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Trost unknown é 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Laura A. Henze Trost. wife above no 18. CAUSE OF DEATH [Enter only one couse per line-fec (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
(MMEDIATE CAUSE to) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cottle (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) O. m. Not while of work of work 1956 NOW. . 1957, that I last saw the deceased 21. I certify that I attended the deceased from _, and that death accurred at _9 A:M, from the causes and an the date stated above DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL 70 PHYSICIAN'S NAME (Type) FUNEZ lage 3 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Bur 1a1 Lorraine Park Cem. Baltimore 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE E. Charles Schimunek Funeral Home Rnahma 15M 9/5S



08350

(8348	CERTIFICA	ATE OF DEATH	1	Reg. Dist. N	lo. 22		
Baltimore County	MARYLAND		here deceased lived it institute. LAND b. COUNTY	ioni Residence be	fore admission)		
		!					
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	and the second s	outside carporate limits, write f	URAL and give n	earest fown)		
Mt. Wilson, Maryland			MORE		<i>ţ</i> -		
d NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	MARSHALL	(TPEET	e. IS RESIDENCE ON A FARM?		
Mt. Wilson State Hospital	1	1523	1.1VK211VFF	O I KEE!	YES NO TO		
NAME OF DECEASED (Type or print) FREDER	ick Middle	TRÖST	4. DATE OF AUGU		Doy Year 19 5 7		
MALE WHITE WIDOW		4. 30-01	9. AGE (In years lost birthday) 5 G yrs.	Months Days	AR IF UNDER 24 HRS Hours Min		
USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) UPHOLITERER	KIND OF BUSINESS OR INDU	MARYL		12. CITIZEN	S A .		
3. FATHER'S NAME		14. MOTHER'S MAIDEN 1	NAME				
HERMAN TRU	ST	MAY	COULTER				
5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17 II	NFORMANT	Add	lress			
(Yes na er unknown) (If yes, give war or dates of service)	H	ospital Recor	ds, Mt. Wilson	State I	Hospital		
18 CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]				ITERVAL BETWEEN		
PART I, DEATH WAS CAUSED BY:	R PULMONA	LE		O	4 days		
002 X DUE TO					1		
	Conditions, if any, which) (b) PUL MONARY TUBER CULOSIS						
gove rise to immediate (1 0 10 10 11	-V J		-0		
lying couse lost.							
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIT	VEN IN PART 1(a)	19 WAS AUTOPSY		
× 1	MELLITUS				PERFORMED?		
<u> </u>	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port f or Port II of Item 18)		163 CI NO KI		
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Hour o.m. While	NJURY OCCURRED 20e PU foc	ACE OF INJURY (Home, form tary, street, office bldg, etc.	1, 20f. (City or town)	(County	y) (State)		
21. I certify that I attended the decease	ed from $9-1$	3 . 1956 to 8	.2/ ,195	2.that 1 last	saw the deceased		
alive on 8. 21. 1957 19	, and that death	accurred at 12, 201	M from the couses of	and on the d	ate stated chave		
1 181			ADDRESS (Street, city or town,		DATE SIGNED		
SEGNATURE // ulliam /	livermen	Mt. Wilso	n. Marvland				
PHYSICIAN'S William Newcome:					(40, 100 to 40, 60 to 40, 40, 40 days are see see see see see see		
	4		Local control of				
220. BURIAL, CREMATION, 226 DATE THEREOF	220 PAME OF CEMETERY O	R CREMATORY	27d. LOCATIONAL ty, town,		(Stote)		
7 1 0 01	11/2/17/	7 6		J			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08351

CERTIFICATE OF DEATH 08349

Reg. Dist. No. ..

- £								
1.	PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY Baltimore MARYLAND	STATE Maryland county Bultimore						
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	City (If outside corporate limits, write RURAL and give nearest town)						
	OR end give nearest town) (in this place)	OR						
_	White Marsh R.D., Lifetine	STREET		H.J.				
	INSTITUTION OR	ADDRESS	(If rurel giv	/o locelion)				
	STREET ADDRESS	-	Lorley					
3.	NAME OF (First) (Middle)	(Lest)	4. DATE (Mor	eth)	(Day)	[) est)	
	(Type or Print) Julius W	enske	DEATH	14	24/	10 4	57	
5	SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9.	AGE last birthday	1 1F UNDE	R 1 YEAR	IF UNDER 2	24 HRS	
	male white (Specify) single Apr.	15 100P	00	Months	Days	Hours	Min.	
10 a	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	15,1897	60 yrs.	!	2 (217175)	OF WHA	7	
,,,,,,	done during most of working life, even if OR INDUSTRY				COUN			
	refired Machine operator State Road	Balto., Co., "			U.L	a.A.		
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME					
	Louis Venzke	Louise	Cage					
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & AC	DRESS					
(Yes	no, or unk.] (If Yes, give wer or delas of service) 216~05-0094	Herman Venz	ika medeh	C 711	aryla	F. cr.		
	18. MEDICAL CER		ino, in addit	Marg .		VAL BETW	FFN	
1 [DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ET AND DE		
4	IMMEDIATE CAUSE (A) COLONIANY (2 celusin	า		3,	his		
	ANTECEDENT CAUSE(S) DUE TO				10			
DIS	ASES OR CONDITIONS, IF ANY, (B)	F			10	no		
	ING RISE TO THE ABOVE CAUSE DUE TO					/		
	(C)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE	200 N	Why or					
î	DISEASE OR CONDITION CAUSING DEATH.	morage	1953	`	_			
190.	DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION					AUTOPSY	7	
71.	ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 2	21c, WHERE DID INJURY OCCUR?	16th and the same	16-	YES	NO		
OR (CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.	ric, Where DID INJURY OCCURY	(City of fown)	(Cou	nry)	(State)		
•	THER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY (Month) (Day) (Year) (Hour) 210, INJURY OCCURRED	21f. HOW DID INJURY OCCUR	· · · · · · · · · · · · · · · · · · ·					
	M, al work at work	ZIII (IOW DID (IOOM) OCCOR.						
_		5-12 13	- 2 V 4- i					
22	I hereby certify that I attended the deceased from.	19.55 , to leve	G.K.I, 1921	, that I	last sav	the dec	eased	
	alive on COM, 192, 192, and that death occurred at				ed above	3.		
	SIGNATURE J	ADDR	ESS (Street, city, tow	g, slate]	, 15	ATE SIG	NED	
	The CITTO arus M.D.	_ Cold	eword	me	1 8	24-	2	
23.	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY	LOCATION (City, low	n, or count	yl			
	Burial Eug. 27, 1957 Trinity Luth	oren	Jonna.	Harfo	rd.	B. C.		
24.	RECO BY REGISTRAR REGISTRAR'S SIGNATURE	GT 81 25/ FUNERAL DIRECTOR'S 8	GNATURE C	11022	ADDRESS			
	ILIC DO 1000 A. Heat 3/ 1/	18/ www. 10-11/1-t-	4. / Ab	inedo				

BUREAU V. E.

AUG 29 150,

BECEINED

21. I certify that I attended the deceased from.

Witzke Funeral Directors 4101

NAME (Type)

BURIAL, CREMATION,

REMOVAL (Specify)

08353

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Days

Months

Baltimore

Rea. Dist. No.

Month

ON A FARMS

YES NOT

Year

19

Address White Oak Ave. INTERVAL BETWEEN ONSET AND DEATH 7 der-Cerdio Vase Dissus PERFORMED? YES [7] NO D (County) (Stole) .____, 1927, that I last saw the deceased and that death occurred at 5 12 M, from the causes and on the date stated above. 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Air Memorial Gardens Be 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Edmondson E RAGERE

TO FUNER aSod 15M 9/55

ECTOR

BUREAU V. 2

AUG 15 1957

BECENTED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH Reg. Dist. No.
M	1. PLACE OF DEATH O. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Maryland Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest form) Notch Cliff near Towson **Towson** **T
94	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glenarm Road Glenarm Road Glenarm Road o IS RESIDENCE ON A FARM? YES \(\sum NO \sum YES \(\sum NO \sum YES \sum YES \sum NO \sum YES \sum YES \sum NO \sum YES \sum
	3. NAME OF DECEASED (Type or print) Sr. Mary Villanova Wankmueller (Type
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female 9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 84 yrs 84 yrs Months Days Hours Min.
. loop	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Newark, NeJ. 12. CITIZEN OF WHAT COUNT U.S.A.
urs offer deo	Joseph Kather's Maiden Name Katherine Koelock
72 hours	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [You no or unknown] (If you, give wor or darks of service) Sister M. Peter Fourier Notch Cliff Md.
emaval, and in any event wi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Metastasis of the lung / 70 X DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the under-lying couse lost. DUE TO (c)
ion, ar remavol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.) (County) (State
Miar ta bunal, cremati	Hour a. m. 19 While of work of work foctory, street, office bidg., etc.) 21. I certify that I attended the deceased fram Sept. 19. 19. 57, that I last saw the decease alive on July 30, 19. 57, and that death accurred at 9.45P M, fram the causes and an the date stated about ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE (M.D. 7501 York Road Towson, 4, Md. 8, 8, 57)
the registrar p	PHYSICIAN'S NAME (Type) Charles F. 0 Donnell 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
the re-	REMOVAL (Specify) S-10-57 VILLE MARIA CEM NOTCH CLIFE NR TOWSON 23 FHINERAL DIRECTOR'S SIGNATURE) 901 ADDRESS CONKLING ST. 240, RECIDENT 245, REGISTRAR 245, REGISTRAR'S SIGNATURE 10 DATE 8 9 9 7 245, REGISTRAR'S SIGNATURE

BUREAU V. S.

SECEIVED ANG

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(18355) ft

1,	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)					e admission)	
L	Balti	more		MARYLANI	o. STATE Maryland b. COUNTY						
	b. CITY OR TOWN [If a and give nearest town]	outside corporate limits, writi	RURAL	c LENGTH OF STAY IN 18	c CITY OR TOV	VN (If autside co	porate limits, write	RURAL and	give nea	rest town)	
	FORT HOWAR	D. MD.		DOA	Ba	ltimore			* -		
			f not in hosp	pital, give street address)	d. STREET ADDR	ESS				ON A FARM?	
	VETERANS	ADMINISTRA	TION H	HOSPT TAL	16	02 Johns	son Stree	t		YES NO	
Э.	NAME OF DECEASED	Fin		Middle	Last	4 DATE OF			Day	Year	
	(Type or print)	JOH	N	M.	WEIR	DEATH	Augu	st	31	19 57	
5.	SEX		7. MARRIE	D . NEVER MARRIED .			9. AGE (In years for birthday)	Months D	-	UNDER 24 HRS.	
	Male	White	WIDOWED		9/21/86		70 yrs.	Manini	ays n	Min.	
10	a. USUAL OCCUPATION	N (Give kind of work	ione 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12 CITIZI	EN OF V	WHAT COUNTRY?	
儿	Asst Perso	AL	1 -	partment Sto	1	mati. Ol	_	U	.S.A	•	
1:	3. FATHER'S NAME				14. MOTHER'S MAII	DEN NAMÉ					
	John M. W				Jesephi	ine Phil	lips				
1:	S. WAS DECEASED EVER	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address				
L	Yes	WWI		None C	lin. Rec.,	Vot. Ad	m. Hesp.	Ft. H	OWAY	d. Md.	
		H Enter only one cau	se per line f	or (a), (b), and (c).]					INTERVAL	L BETWEEN	
	PART 1. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (a)	DRON	CHOPNEUMON IA.	BILATERAL	WITH AB	SCESS FOR	RMATION			
,	7118	XXXXXXX	GANG	RENOUS CHANGE	S OF LEFT	LOWER TO	BE AND PO	OCKETE			
	Conditions, if on		EMPY	EMA. LEFT LOV	FR PLEURAL	CAVITY			UNKNOW		
	gove rise to immedi (a), stating the u	ofe cause (
	couse last.	couse last, (c)									
2	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	NTR BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?	
7.A.Y	CEREBRAI	L EDEMA ANI	CONG	ESTION - Du	ration unkn	own				NO 🗆	
CERTIFICATION	20g. EXTERNAL CAUS PRIMARY ☐ gr CON	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury i	in Port 1 or Port 1	l of item 18)				
WEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d, II White		ACE OF INJURY (Hame clary, street, affice bldg	form, 20f. (Cit	y or town)	(Caun	ly}	(State)	
N. F.	Hour o.m.	19	al wor	1401 AUTUS 1							
	21. I certify the	ot I took chairga	df the r	emoins described ob	ove, held on Au	topsy 🗓 , I	nspection	Inquiry		ond find that	
	death resulted	from: Notural	ouses 🔃	, Accident [], S	vicide 🔲 , Homi	icide 🔲, U	ndetermined	cause			
	m	000		•							
	ACTUAL	1121	an		M.D. CHIEF MEDIC	CAL EXAMINER	3		_	ATE SIGNED	
					ASSISTANT N	EDICAL EXAMIN	ER 🔲		9	-1-57	
	EXAMINER'S NAME (Type) M.	B. DAVIS,	M. D.	,	DEPUTY MED	ICAL EXAMINER			9	/1/57	
27	REMOVAL (Specify)	1, 226. DATE THEREO	ş _	22c. NAME OF CEMETERY C	R CREMATORY	22d. tOC/	TION (City, town,	or county)		(State)	
	Burial	19-4-	57	Baltimere Na	tional Ceme	tary B.	eltimore.	Marvl	and		
23	SUNERAL DIRECTOR'S	BRATH J.		ADDRESS	240.	REC'D BY REGIS	TRAR 246. REGI	STRAR S SIGN	NATURE	0 16 1	
1	Vm. Cook-Bl	ight Inc.	6009	Harford Rd.,	Balto . Md . DA	TE 4/4/	37 -1	1000	wX	Tarke &	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08358,4 08355 **CERTIFICATE OF DEATH** Reg. Dist. No. director . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Fled o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] 8 RURAL and give negrest town? þ Rural Fullerton Life Rural Fullerton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 39 Sinnle Avenue YES NO T 39 Sinnle Avenue NAME OF **First** Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Margaret Willinger T.ee 1957 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. DIVORCED [WIDOWED IY Female papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup corbon Housewife Housewife Maryland ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician (Milton Greenwood hours Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address aftending none Sipple Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ħ PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN DUE TO 2 10 50 18+0515 Ë Conditions, if any, which signed gove rise to immediate 5 DUE TO cause (a), stating the under lying cause last. burial-transit PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. [City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) a. n foctory, street, office bldg., etc.) While Not while at wark at work 🗔 13, 195 7that I last saw the deceased 21. I certify that I attended the deceased from to M. from the causes and on the date stated above. alive on that death occurred at PIRECTOR: ADDRESS (Street, city or town, state) ACTUAL pe PHYSICIAN'S 0119 NAME (Type) 0 3 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify)

death HOSPITAL FUNER 0 VS A15 (4) 15M 9/55

death: Page

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certificate

8-16-57 Burial 23. FUNERAL DIRECTOR'S SIGNATURE

Raltimore Cometery ADDRESS

Raltimore Maryl and

240. REC'D BY REGISTRAR PARE REGISTRAR'S SIGNATURE

BUREAU V. S.

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BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08359//2 CERTIFICATE OF DEATH 08356 Rea. Dist. No. PLAGE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore County b. COUNTY MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sparrows Point Life Sparrows PT d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 810 C St. 810 CS YES NO NAME OF Middle 4. DATE Month Day Year Florence I Wittich (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years __lost birthday) Months Doys Female White 25,1886 Hours DIVORCED T WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Baltimore. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 -----Hand Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address St. Sparrows Pt.Md. Charles Wittich.810 G 18. CAUSE OF DEATH [Enter only one cause per line for (o)_(b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** casse (a), stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, (County) (Stote) factory, street, office bldg., etc.) O. III. While Not while of work of work 21. I certify that I attended the deceased from Ahat I last saw the deceased and that death accurred at M. Fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore 29 .Md. uria Cathedre? 23 EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Edmondson

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HOSPITAL

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BUREAU V. S.

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CERTIFICATE OF DEATH

Reg. Dist. No.

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STRING OR ALLENDING FRIDICIAN; the tow requires that the death certificate be executed within a hours after death. Togety be retained by the haspital or attending physician.	UNE TOURECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director	ge 31st and be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1st 2 shauld be filed wi	0
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should		Fort Howa		30 Days	Gambrills	02x12			
sha sha	50	OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES PQ NO T		
			Administration				LES ME NO []		
- T		3. NAME OF DECEASED (Type or print)	EDWIN	Middle J.	YOUNG	4. DATE Month	8 19 57		
Poges		5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS		
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deoth.	- /	during most of wo	ION (Give kind of work done 10 rking life, even if retired)				12. CITIZEN OF WHAT COUNTR		
	I Y	Farmer		Self-employed		wn, Maryland	d U.S.A.		
carbon		13. FATHER'S NAME			14. MOTHER'S MAIDEN	· · · · · · ·			
		Edwin B.			Grace Purd	them			
remove 2 hours	,	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		INFORMANT	Address			
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emo	-	E 20g. ACCIDENT W	AS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	in Port I or Port II of item 18.)	153 E 100 []		
the of		OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER						
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be del	,	ACTUAL	16 EL 69-	LAI	VA HOSE	ADDRESS (Street, city or town, stote PITAL, FORT HOWARD			
0.0	1	SIGNATURE	2020	Time	. M.D				
		PHYSICIAN'S NAME (Type) C	HIEN WEI LAN, N	M.D.	FORT HO	WARD, MARYLAND			
reg a		220. BURIAL, CREMATI REMOVAL (Specify		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (Cily, Iown, or co	ounly) (State)		
1 0 e		Burial	Aug. 12,57	Glen Haven	Memorial Cem,	Glen Burnie, M	aryland		
15 (4)	0	23. FUNETIAL DIRECTO	71-41-17	ADDRESS	TAL NO MOIN	CO BY REGISTAND THE REGISTA	IR'S SIGNATURE		
9/55		OPPING Fun	eral Home 1273	West St. Annapo	TIS PICE INVIEW	1 Da	ween & Jank		

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